

DMF-20

PA DEPARTMENT OF REVENUE
PO BOX 280646
HARRISBURG PA 17128-0646

**RENEWAL APPLICATION
FOR ALTERNATIVE FUELS
TAX PERMIT**

OFFICIAL USE ONLY

Remit this application along with a bond or other financial guarantees (if applicable) to renew your Alternative Fuels Tax Permit, which expires May 31.

SECTION I APPLICANT INFORMATION

Legal Name (For individual applicants give your full legal name)		FEIN	
Trade Name or DBA (if different from Legal Name)		SSN (sole proprietor's if FEIN does not exist)	
Physical Street Address (PO Box is not acceptable)	City	State	ZIP Code
Mailing Address (if different from above)	City	State	ZIP Code

SECTION II BUSINESS ORGANIZATION INFORMATION

Fill in the oval that describes the organization of your business.

- Sole Proprietor
 Partnership
 Limited Liability Partnership
 Other _____
 Corporation
 Limited Partnership
 Limited Liability Company

Name, title, Social Security number, FEIN or ITIN and home address of the individual applicant if different from Section I, Applicant Information, above or, in the case of a partnership or limited liability company, each individual partner or member owning 50 percent or more equity in the entity and, in the case of a corporation, the President, Secretary and Treasurer. If a partnership or limited liability company has no individual partners or members or no partner or member owning 50 percent or more equity in the entity, please list the name, title, Social Security number, FEIN or ITIN and home address of an individual responsible for the partnership or limited liability company's remittance obligations. The FEIN in Section I, Applicant Information, may not be used below. Attach a separate sheet if more space is required.

Name	Title	SSN/FEIN/ITIN	
Home Address	City	State	ZIP Code
Name	Title	SSN/FEIN/ITIN	
Home Address	City	State	ZIP Code

List any persons who are authorized by any individual listed above, or by power of attorney, to sign and/or discuss with the department any information related to Alternative Fuels Tax Reports. Attach a separate sheet if more space is required.

Name	Title	Email Address	Telephone Number
Name	Title	Email Address	Telephone Number

SECTION III CERTIFICATION

Renewal documents must be received prior to May 31 each year to ensure proper processing of your permit. If you fail to remit the information timely, your permit may be subject to cancellation and your account may be removed from the Pennsylvania Registered Distributors List. Applicant agrees, under penalty of perjury, that the information given on this application, to the best of his/her knowledge, is true, accurate and complete. This form must be signed by an owner, partner or corporate officer named on this application or by an authorized agent. If signed by an authorized agent, a properly completed power of attorney must be attached to this application.

Name	Signature	Title	
Telephone Number	Email Address	Date	



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