

Comptroller of Maryland
Regulatory and Licensing Section
P.O. Box 2999
Annapolis, Maryland 21404

Main: 410-260-7215
Toll-Free: 888-784-0142
Fax: 410-974-3129
www.marylandtaxes.com

Indicate Type of Motor Fuel License

Dealer Distributor Special Fuel Seller Special Fuel User Turbine Fuel Seller

In accordance with Tax General Article, Title 9, Subtitle 3, Annotated Code of Maryland, application is hereby made. (Please type or print.)

1. Applicant's Legal Name			Trade Name	
Street Address			Business Telephone Number	Contact Email Address
City	State	Zip Code	County	Federal Identification Number (FEIN)
MD Drivers License or Soundex Number				Social Security Number (SSN)

2. Type of ownership:

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Non-MD Corporation Closed	<input type="checkbox"/> Partnership
<input type="checkbox"/> Unincorporated Association	<input type="checkbox"/> Non-Profit Corporation	<input type="checkbox"/> Governmental
<input type="checkbox"/> Maryland Corporation	<input type="checkbox"/> Fiduciary (Estate or Trust)	<input type="checkbox"/> Maryland Corporation Closed
<input type="checkbox"/> Regular Cooperative	<input type="checkbox"/> Non-MD Corporation Regular	<input type="checkbox"/> Limited Liability Co. LLC

3. Have you qualified with the Department of Assessments and Taxation to do business in Maryland? Yes No

4. If applicant is a corporation, partnership, or limited liability company provide names and titles for all officers, partners, or members and resident general agent and attorney-in-fact. Sole proprietors indicate home address and telephone number if different than item 1.

Name	SSN	Home Address	Telephone Number

5. Out-of-state applicant and LLC's must complete this item:

Resident Agent's Name _____
Maryland Address _____
Resident Agent's Telephone Number _____
SSN or FEIN _____ Email Address _____

6. Will this application for a license lead to the cancellation of any existing accounts/licenses established with the Regulatory and Licensing Section? Yes No
 If yes, indicate the following accounts that should be canceled:

	Account Number
<input type="checkbox"/> Dealer	_____
<input type="checkbox"/> Distributor	_____
<input type="checkbox"/> Special Fuel Seller	_____
<input type="checkbox"/> Special Fuel User	_____
<input type="checkbox"/> Turbine Fuel Seller	_____

7. Does this application involve a change in the company's legal name or FEIN? Yes No
 If yes, list the previous name and number.

Company Name _____
 SSN or FEIN _____

8. Does this application involve the takeover and continuation of another business? Yes No
 If yes, list name and FEIN number of that business.

Business Name _____
 FEIN _____

9. Do you own or control storage in Maryland for motor fuel and/or aviation fuel? Yes No
 If yes, list the storage capacity for each fuel stored in Maryland. Exclude commingled inventory and retail service stations. Attach list if necessary.

Location _____

Product	Capacity
_____	_____
_____	_____
_____	_____

10. Do you have commingled storage in Maryland? Yes No
 If yes, attach a copy of the Terminal Agreement(s) (Form RLS-305) and complete the following:

Name of Commingled Partners	Type of Fuels	Location

11. Indicate the number of retail service stations you operate in Maryland. _____

12. Indicate the number of retail service stations you supply in Maryland. _____

13. List the number and type of on-road vehicles and type of fuel used:

Vehicle	Number Using Gasoline	Number Using Diesel	Number Using Other Fuel
Road Tractors			
3-Axle Trucks			
2-Axle Trucks			
Other			

14. List below all of your off-road equipment using special fuel. Attach list if more space is needed:

_____	_____
_____	_____
_____	_____
_____	_____

15. Estimate total volume of fuel in gallons transacted in for a full calendar year for the product types listed below:

Product	Gallons Imported Into MD	Gallons Exported Out of MD
Gasoline		
Diesel (On Road)		
Diesel (Off Road)		
Kerosene		
Propane		
Natural Gas		
Av-Gas		
Jet/Turbine Fuel		
Fuel Oil		
Ethanol		
Other		

Indicate Fuel Type

16. Do you sell fuels to the U.S. Government? Yes No
 If yes, attach a copy of government contract(s).

List Name of Government Agency	Type of Fuel Sold
_____	_____
_____	_____
_____	_____
_____	_____

17. Check the methods by which you receive/ship motor fuel products:

- Barge Receive Ship
- Ship Receive Ship
- Pipeline Receive Ship
- Railcar Receive Ship
- Tankwagon/Tank Trailer Receive Ship

List other methods:

_____	<input type="checkbox"/> Receive	<input type="checkbox"/> Ship
_____	<input type="checkbox"/> Receive	<input type="checkbox"/> Ship
_____	<input type="checkbox"/> Receive	<input type="checkbox"/> Ship

18. List quantity of all owned/operated petroleum transporter conveyances:

Type	Number	Capacity
Barge	_____	_____
Ship	_____	_____
Railcars	_____	_____
Tankwagon/Tank Trailer	_____	_____
List other methods:		
_____	_____	_____

19. List other states where a valid motor fuel license is held:

State	License Number
_____	_____
_____	_____
_____	_____
_____	_____

20. Are you a refiner of motor fuel? Yes No

21. Are you a refiner of aviation fuel? Yes No

22. Check if adjusted by temperature factors:

- Receipts Yes No
Disbursements Yes No
Inventories Yes No

23. Are the original source documents and records used in preparation of reports maintained at the same location identified in Question 1? Yes No (If no, where?)

24. Application prepared by:

_____	_____
Print Name	Print Title
_____	_____
Telephone Number	Email Address

25. Who is the person to contact for audit purposes?

Name _____ Telephone Number _____

Email Address _____

26. I certify under the penalty provided by law, that the statements made and information furnished in this application are true, correct, and complete to the best of my knowledge and belief.

_____	_____
Print Name	Print Title
_____	_____
Authorized Signature	Date

