



APPLICATION FOR MOTOR FUEL LICENSE

I hereby make application for the following license:

ALL FEES ARE ONE-TIME FEES. Note: 30 DAYS ARE REQUIRED FOR PROCESSING A LICENSE APPLICATION

- Supplier (\$2000.00 Fee)
- Tankwagon Operator Importer (\$50.00 Fee)
- Permissive Supplier (\$100.00 Fee)
- Fuel Vendor (\$50.00 Fee)
- Terminal Operator (\$300.00 Fee)
- Fuel Vendor Blender (No Fee)
- Exporter (\$100.00 Fee)
- Miscellaneous (No Fee)
- Transporter Intrastate (\$50.00 Fee)
- Out of State Terminal Operator (No Fee)
- Occasional Importer (\$500.00 Fee)
- Transporter Interstate (\$50.00 Fee)
- Bonded Importer (\$2000.00 Fee)
- Manufacturer (No Fee)

PLEASE PRINT OR TYPE ALL INFORMATION

| | | | | | | | |
|--|--|--|--|--|--|----------------------|--|
| OWNER, PARTNERSHIP, OR CORPORATION CHARTER NAME | | | | TRADE NAME (DOING BUSINESS AS) | | | |
| PHYSICAL LOCATION OF BUSINESS REQUIRED (NO P.O. BOX) _____ STREET CITY COUNTY (REQUIRED) STATE ZIP | | | | BUSINESS PHONE NUMBER | | DAYTIME PHONE NUMBER | |
| | | | | FEIN | | | |
| | | | | SC SALES TAX NUMBER | | | |
| MAILING ADDRESS (FOR ALL CORRESPONDENCE) _____ IN CARE OF STREET CITY COUNTY (REQUIRED) STATE ZIP | | | | Do You Sell Taxable Dyed Fuels? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| | | | | IRS TERMINAL NO. (Terminal Operators Only) | | | |
| | | | | Do You Blend Taxable and Non-Taxable Product? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| | | | | Do you Bill in Net or Gross Gallons? Check one: <input type="checkbox"/> Net <input type="checkbox"/> Gross | | | |

TYPE OF OWNERSHIP

SOLE PROPRIETOR (ONE OWNER) LLC/LLP

PARTNERSHIP (TWO OR MORE OWNERS) UNINCORPORATED ASSOCIATION; ENTER LEGAL NAME _____

OTHER (EXPLAIN) _____ SC CORPORATION DATE INC _____

FOREIGN CORPORATION (Attach copy of article or certificate of authority.)

NAME(S) OF BUSINESS OWNER, PARTNERS, OR OFFICERS: (Attach additional pages if needed)

| SOCIAL SECURITY NUMBER | NAME/TITLE | HOME ADDRESS | IF PARTNER PERCENT OWNED |
|------------------------|------------|--------------|--------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Required: EP Status request and/or Financial Statement if applicable

| | | | |
|---|------------------------------|-----------------------------|--|
| Are you applying for Eligible Purchaser Status? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Are you submitting a Financial Statement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Statement Year (mm/dd/yyyy): If no is selected, bond information is required below. |

Bond Information Required: List the type of license, license fee, bond amount and bond number

| License Type | Start Date | License Fee | Bond Number | Bond Amount |
|--------------|------------|-------------|-------------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| SC SALES: INDICATE ANTICIPATED MONTHLY SALES IN GALLONS BELOW | | |
|---|-----------|--------|
| | WHOLESALE | RETAIL |
| Gasoline/Gasohol (gals.) | | |
| Diesel Fuel/Biodiesel (gals.) | | |
| Kerosene (gals.) | | |
| Other-Specify (gals.) | | |

UNITED STATES GOVERNMENT CONTRACT NUMBER (If any) - _____

| EXPORTS: INDICATE ANTICIPATED MONTHLY EXPORTS IN GALLONS BELOW | | | |
|--|------------------|----------|-----------------|
| GASOLINE/GASOHOL | DIESEL/BIODIESEL | KEROSENE | OTHER - SPECIFY |
| | | | |

STATES TO WHICH YOU EXPORT: _____

| INDICATE ANTICIPATED MONTHLY IMPORTS IN GALLONS BELOW | | | |
|---|------------------|----------|-----------------|
| GASOLINE/GASOHOL | DIESEL/BIODIESEL | KEROSENE | OTHER - SPECIFY |
| | | | |

Attach a separate list if needed.

| LIST YOUR PRIMARY SUPPLIERS BELOW | |
|-----------------------------------|-------------------|
| NAME | TERMINAL LOCATION |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

| LIST YOUR RETAIL OUTLETS BELOW | |
|--------------------------------|-------------------------|
| LOCATION | RETAIL SALES TAX NUMBER |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

ADDITIONAL INFORMATION

- A. Do you haul your product by: () Private Carrier () Common Carrier () Pipeline

B. If by Common Carrier or Pipeline, please list. _____
- A. Do you have any interest in another fuel company? Yes No

B. If yes, please specify. _____ Address: _____

C. License Number _____ FEIN _____
- States licensed to do business in _____
- A. Are you registered under Section 4101 of the Internal Revenue Code? Yes No

B. Registration Number _____

Social Security Privacy Act

It is mandatory that you provide your social security number on this tax form. 42 U.S.C 405(c)(2)(C)(i) permits a state to use an individual's social security number as means of identification in administration of any tax. SC Regulation 117-1 mandates that any person required to make a return to the SC Department of Revenue shall provide identifying numbers, as prescribed, for securing proper identification. Your social security number is used for identification purposes.

When signing this form, it is important that the information contained in your application be correct and complete. To wilfully furnish a false or fraudulent statement to the Department is a crime.

Signature Title Date

Mail this application to SC Department of Revenue, P.O. Box 125 , Columbia, SC 29214-0850.
For Assistance call (803) 896-1990.

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