Wyoming Department of Transportation Fuel Tax Administration Licensing Section 5300 Bishop Blvd. Cheyenne, Wyoming 82009-3340 Phone (307) 777-4826 Fax (307) 777-4769

\$25.00 fee per fuel type. Each <u>dealer</u> location requires a separate license. Make checks payable to Wyoming Department of Transportation.



DO NOT WRITE IN THIS SPACE

Date Issued:	
Person Who Issued License:_	
License Number:	
Check No:	Amount:
Expiration Date:	

WYOMING MOTOR FUEL LICENSE APPLICATION NEW APPLICANT

*** SECTION (A) LICENSE & FUEL TYPE ***

- \geq Please check the license and fuel type(s) that accurately apply to your business operation(s) Example: IF YOU ARE A DISTRIBUTOR IN WYOMING AND IMPORT AND EXPORT GAS AND DIESEL FUEL, MARK THOSE FIVE SPACES BELOW.
- Please type or print legibly. If any portion of the application is not complete or if the improper fee is sent, the application may be ≻ returned to you for correction, delaying the issuance of your respective license.
- The annual fee for the license(s) will be twenty-five dollars (\$25.00) per fuel type. ≻

SUPPLIER:

Means a person that is subject to fuel tax laws of this state, registered with the Internal Revenue Service for transactions of motor fuel in the bulk transfer/terminal distribution system, and the position holder in a terminal or refinery in or outside Wyoming. A Supplier is also a person who produces alcohol or alcohol derivative substances for blending with gasoline.

DISTRIBUTOR: Means any person who, other than a dealer, receives fuel or blends fuel for distribution or resale in this state.

IMPORTER: Means any person, other than a Supplier, who purchases fuel outside Wyoming for the purpose of transporting or delivering, other than in the supply tank of a motor vehicle, the fuel into Wyoming for sale, use or distribution within Wyoming.

EXPORTER:

Means any person, other than a Supplier, who purchases fuel inside Wyoming for the purpose of transporting or delivering, other than in the supply tank of a motor vehicle, the fuel to another state or jurisdiction.

The license fee for a dealer is in addition to, and not included in, any other license type listed above.

- A separate license will be issued for EACH dealer location.
- The annual fee for EACH dealer location is twenty-five dollars (\$25.00), per fuel type, per location. (Regular, Premium, and Gasohol are all considered gasoline, Aviation Gas is also considered gasoline). (Jet Fuel is considered Diesel)
- **DEALER:** Means any person who sells or offers to sell gasoline or diesel fuel at a specific location in Wyoming, including any person selling or offering to sell aviation fuel or aviation gas at a Wyoming airport. [Includes retail locations such as gas stations, key locks, card locks, and Fixed Base Operators at airports}

Fuel Type:

A.)	Gasoline
ludae	Aviation Gas type fuel and G

B.) Diesel (Includes Kerosene and Jet fuel) C.) Ethanol

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(Includes	Aviation	Gas type	fuel	and G	asohol)

You must enclose color photos of your bulk storage plant(s) with this application. \geq

You must enclose a legal description of your bulk plant(s) with this application. \geq

) Give date business will begin OR has begu	in:			
) Indicate projected number of gallons to be	e sold on an average monthly	v basis:		
asolinegal. Aviation Fuel	gal. Jet Fuel	gal. Undyed Diesel	gal. Dyed Diesel_	gal.
List total capacity of storage for fuel type(s) in Wyoming for each type	of fuel per location.		
asolinegal. Aviation Fuel	gal Let Fuel	aal Undved Diesel	gal Dved Diesel	gal.
-	-			_
Physical address, location, and type of bul	k storage:			
List the registration number(s) issued by t	he Wyoming DEQ for the bu	ulk storage tanks:		
*** <u>SE</u>	ECTION (B) GENE	CRAL INFORMA	<u>TION</u> ***	
It may be necessary t	to attach additional pages to	accurately complete applic	cation. Please type or prin	nt answers.
	1.9	J I I I I I I I I I I I I I I I I I I I		
Legal Name of Applicant (Corporate, LL	.C, Partner, or Individual Name)			
DBA / Trade Name (Name Under Which	Business Will be Operated)			
Mailing Address			T 37 '1 4 1 1	
			E-Mail Addr	ess
)City	County		State Zi	p Code
			Inside City Limits	Yes No
Physical Address of Place of Business (N	IO POST OFFICE BOXES; attack	n additional pages if necessary)		
)City		County	Zip Code	
-		•	•	
Telephone Number	Your To	oll Free Number (If applicable)	Fa	ax Number
Federal Employer Identification Number (FEIN (You must include documentation from the Intern				
(100 must include documentation from the Intern	ai Kevenue Service of this humb	er wun your motor juets apputt	auon <u>-musi maich eaa</u>	<u>CILI</u>)
Contact Person For Business	Phone Number		Title	
Name Of Person To Contact If Primary			Title	
Is the Place of Business or Property:0			_	
) If rented or leased, name of Landlord/Lessor's	name:			
) Did you purchase an existing business location	? If so, from whom?_		Is this new const	ruction?
) List all other states where you are licensed in t (Include copies, with this application, of your fuel i	he motor fuel business licenses from these states showing	the license number and type of	license.)	
) Name of supplier who provides you with fuel:_				
) Have you ever been denied, or have you ever h (If y	ad a fuel licensed canceled or re es attach letter of explanation.)	voked:Yes	No W	'here:
) List all states you plan to export fuel to and the	e license number issued by that s	state to you:		
5) Describe any blending of fuel that you plan to	do:			
***	SECTION (C) TYP	PE OF OWNERSE	HP ***	
L. L				

If you are an OUT-OF-STATE Corporation, LLC, or Limited Partnership, you MUST register with the Wyoming Secretary of State's Office (307-777-7311) before commencing business in Wyoming. It is also required you maintain an active status and good standing with the Wyoming Secretary of State.

- You must include documentation that you have met this requirement with your motor fuels application. ۶
- You must provide a copy of your financial statement for the previous calendar year if you are an Importer or Supplier. ۶

1) Corporation	* Limited Lial	oility Company*	Limited Partnership [*]
1a) Sole Proprie	tor General Par	tnership J	Joint Venture
2) Incorporated Under the Laws of the	State of:		Date of Incorporation:
3) Date you registered with Wyoming S	ecretary of State's Office:	Wyomin	ng Corporate ID Number:
4) List all Owners, Partners, Members,	or Corporate Officers of the Co	mpany or Business; Include N	ame, Address and Title.
lame	SSN	Title	Home Address (Not business address)
ame	SSN	Title	Home Address (Not business address)
ame	SSN	Title	Home Address (Not business address)
ame	SSN	Title	Home Address (Not business address)
) Name and address of Manager((s) of Your Wyoming Business (A	Attach additional pages if neces	ssary) Phone Number(s)
6) State of Wyoming Sales/Use Tax Num	ber for this business:		

I declare that everything contained on this application is a true and accurate statement. I, as owner, co-partner, or officer of the corporation, have the authority to sign this application. As a new applicant I understand a BOND may be required in order to obtain the license. The bond MUST be on file with the Department before a fuel license will be issued.

PRINTED NAME:_____

DATE:

FTA-APP- 3-3-08