



Montana Department of Transportation
Fuel Tax Section

PO Box 201001
Helena, MT 59620-1001
Phone: (406) 444-6027 Fax: (406) 444-5411 TTY: (406) 444-7696
www.mdt.mt.gov

Do Not Write in this Space

Application for Gasoline and/or Special Fuel Distributor License

Instructions: Complete this form.

Application is hereby made for a Gasoline and/or Special Fuel Distributor License in the state of Montana. This is required to comply with Title 15, Ch. 70, Part 4, MCA.

Form with fields: Name of Applicant (print Last, First, Middle):, Phone #:, Fax #:, Trade Name:, Email:, FEIN:, Mailing Address (Number and Street):, City/Town:, State/Country:, Zip Code + 4:, Location Address (Number and Street):, City/Town:, State/Country:, Zip Code + 4:

Has this company ever been licensed as a distributor in Montana? If yes, when and under what name?

Check the option(s) that is/are the company's major endeavor(s) in Montana:

- Refiner, Importer, Exporter, Gasohol Blender, Wholesaler

Is this company currently licensed in any other state(s)? Yes No If "Yes," List state(s) and license number(s).

Table with 6 columns: State, License #, State, License #, State, License #

Is applicant currently licensed with the Internal Revenue Service to receive fuel EX-TAX? Yes No If "Yes" provide 637

Person Responsible for Filing required Monthly Reports

Form with fields: Name (Last, First, Middle):, Email Address:, Phone #: ()

Address where Records will be Maintained

Form with fields: Address:, City/Town:, State/Country:, Zip Code + 4:

Form with fields: Estimated number of gallons of fuel imported per month: Gas, Diesel, Aviation, Bio-Fuels; Estimated number of gallons of fuel acquired in Montana per month: Gas, Diesel, Aviation, Bio-Fuels

Form with fields: Estimated number of gallons of fuel exported from Montana per month: Gas, Diesel, Aviation, Bio-Fuels; Estimated number of gallons of fuel sold in Montana per month: Gas, Diesel, Aviation, Bio-Fuels

List all your Suppliers of Fuel and their Locations

Table for listing suppliers of fuel and their locations

What type of carrier do you plan to use to receive or import fuel into Montana? (Check all that apply). Pipeline, Tanker, Tank Car

List all Bulk Plant and Terminal Storage Facilities where Fuel will be Stored

Table with 5 columns: Location, Bulk Plant or Terminal, Owned or Leased, Operator, Total Tank Capacity

If Proprietorship – Provide the Following Information

| | | | |
|----------------------------------|------------------------|-----------|---------------|
| Date Started | Social Security Number | Full Name | Birth Date |
| Home Address (Number and Street) | | City/Town | State/Country |
| | | | Zip Code + 4: |

If a Partnership – Provide the Following Information

| Partner Names | Social Security Number | Home Address | Birth Date | % Owned |
|---------------|------------------------|--------------|------------|---------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

If a Corporation – Provide the Following Information

| Officers Names | Social Security Number | Title | Birth Date | % Owned |
|----------------|------------------------|-------|------------|---------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | | |
|--------------------------------------|--------------------|---------------------|
| State or Country Where Incorporated: | Date Incorporated: | Corporation Number: |
|--------------------------------------|--------------------|---------------------|

Note: On a Separate sheet of paper, list the names of stockholders holding 10% or more of the outstanding shares of stock in the corporation.

List any Affiliates – Wholly Owned Subsidiaries – Parent Company, etc. (Name and Location)

| | |
|--|--|
| | |
| | |

**** Notice****

A licensed Montana Gasoline and/or Special Fuel distributor is required to keep and maintain, for a period of three years, a complete record of fuel sold and distributed within Montana. Sec. 15-70-421, MCA.

An applicant may be required to provide additional information, including, but not limited to, copies of federal income tax returns and federal excise tax returns for the past three years for individual, partnerships, and corporations, including the returns of officers and partners. An applicant may be required to provide a current credit report.

The Montana Department of Transportation reserves the right to investigate all applicants prior to issuance of a gasoline and/or special fuel distributor license in Montana. Sec. 15-70-402, MCA.

All applications that do not require additional investigation will be processed within ten (10) working days after they are received.

The undersigned applicant hereby authorizes full disclosure of any and all information which the Montana Department of Transportation may request from agencies in other jurisdictions, agencies of the federal government, foreign countries, petroleum suppliers, lending institutions and other entities with which you transact business, and further agrees to hold harmless these providers of information.

The undersigned applicant hereby further agrees that the Montana Department of Transportation may share any and all information obtained in its investigation of information contained in this application, as well as any information contained in tax reports subsequently filed by the applicant, with agencies in other jurisdictions, agencies of the federal government and foreign countries having regulatory or taxing authority.

Under penalties of perjury, the undersigned applicant certifies that all information contained in this application is true and accurate and the number shown on this form is the correct taxpayer identification number. This certification is given with the understanding that it is a crime, under Sec. 15-70-443, MCA, to certify the truth of a statement knowing that the statement is not true. Such a crime is punishable by a jail sentence of up to 6 months or a fine of \$1,000 or both.

| | | |
|-----------------------------|------------------------------------|-------------|
| Name of Applicant (Printed) | Signature of Applicant X | Date Signed |
|-----------------------------|------------------------------------|-------------|

| | |
|--|--|
| Official Holding Proper Authority (Print Name and Title) | |
|--|--|

| | |
|-----------------------------------|-------------|
| Signature of Official X | Date Signed |
|-----------------------------------|-------------|