

Division Use Only — DLN Stamp

Division Use Only — Date Stamp



State of New Jersey

Send to:

Division of Taxation

PO Box 189
Trenton, NJ 08695-0189

Pursuant to NJSA 54:39-101 et seq
10-2010

Requested Date of Cancellation

Form OMF-9

Request for Cancellation of Terminal Operator's License

Attach original license

PART 1	Name		Address	
	ID #	Phone #	City, State Zip	

Part 2	Briefly state the reason you are cancelling your license					
	State the quantity of fuels held in inventory					
	Gasoline	Diesel	AvGas	Jet Kerosene	Kerosene	LPG
	State the disposition of fuels held in inventory. Include name, address, and ID#'s of anyone who received inventory.					
State the disposition of the property and business. If sold, state the name, address, and ID# of purchaser or purchasers.						

Part 3	By signing I am acknowledging that this company will cease all activities requiring a Terminal Operator's License. This company's final report is due on the 20 th of the month following the date of cancellation. The final Loss Report is due the next February 22 nd . I understand that in order to effect the cancellation, all outstanding payments must be made and all outstanding reports must be filed.	
	Signature - <i>must be signed by owner or corporate officer</i>	Date Signed
	Printed Name	Title