

**STATE OF NEW JERSEY
DIVISION OF TAXATION
MOTOR FUEL TAX
PO BOX 189**

Application Required by
NJ Motor Fuel Tax Law

Trenton, New Jersey 08695-0189

APPLICATION FOR SELLER - USER'S LICENSE

Complete this application to request a Seller-User's License which is needed whenever "special fuels" (diesel, kerosene, LP gas, #2 fuel oil, home heating oil, etc.) are purchased or sold within the State of New Jersey. This license is for a period of three (3) years. A payment of the fee of \$150.00 must accompany this application. There is no fee to holders of New Jersey Motor Fuel Retail Dealer, Wholesale Dealer or Distributor Licenses. In general, every Seller-User's license is subject to the filing of a bond in such form and amount as provided by law. Make check or money order payable to: STATE OF NEW JERSEY-MFT.

1. FID # - OR Soc. Sec. # of Owner - -

2. Name _____
(IF INCORPORATED - give Corp. Name; IF NOT - give Last name, First Name, MI of Owner(s))

3. Trade Name _____

4. Business Location:
Street _____
City _____ State
Zip Code -
(Give 9-digit Zip)

5. Mailing Name and Address - (if different from business address)
Name _____
Street _____
City _____ State
Zip Code -
(Give 9-digit Zip)

4a. Business Location: Owned Leased

4b. If leased please provide name and address of owner:
Name _____
Address _____

6. Beginning Date for this business in New Jersey _____ / _____ / _____
Month Day Year

7. Type of Ownership (check one):
 NJ Corporation Sole Proprietor Partnership Out-of-State Corporation Limited Partnership
 Other - explain _____

8. Telephone Numbers: Contact Person _____ Title _____
Daytime: () _____ - _____ Ext _____ Evening: () _____ - _____ Ext _____

9. IF A CORPORATION, complete the following:
Date of Incorp. _____ / _____ / _____ State of Incorp.
Month Day Year

10. Provide the following information for **ALL** owners, partners or responsible corporate officers. (If more space is needed, attach rider).

NAME (Last Name, First, M.I.)	SOCIAL SECURITY NUMBER	HOME ADDRESS	% OWNED
	TITLE	(Street, City, Zip)	

NOTE: On a separate sheet of paper provide the name of stockholders owing 10% or more of the outstanding shares of stock in the corporation.

11. List parent company, wholly owned subsidiaries, and/or any affiliates _____

12. Give name, title, and telephone number of person charged with the duty of filing motor fuels tax reports and location where reports are prepared and records kept _____

13. Give name, title and address of agent in New Jersey or registered New Jersey agent on whom service may be made (must be documented by letter from agent) _____

NOTE: Question 13 must be completed by out-of-state businesses

14. Describe in detail applicant's planned business activity and need for this license. _____

15. List all suppliers of special fuels.

a. Name of supply source, street address, city, state, fuel type and FID # (REQUIRED)

_____	FID # _____
_____	FID # _____
_____	FID # _____

b. Names of contract or common carriers who deliver fuel by tank truck or tankcar: _____

16. Does applicant hold any other New Jersey Motor Fuel License? If yes, explain: _____

17. Has applicant ever had a New Jersey Motor Fuel License denied, suspended, canceled or revoked? If yes, explain: _____

18. List the location of applicant's storage tank(s) its physical address, type of facility*, storage capacity, whether the property on which the facility rests is owned or leased, and whether the pumps are metered or not.

a. TRADE NAME	CITY	COUNTY	STATE KIND OF STORAGE FACILITIES*	TOTAL FUEL STORAGE CAPACITY (Gallons)	PROPERTIES OWNED (o) OR LEASED (l)	FUELS DELIVERED (THRU)	
b. STREET ADDRESS						Metered Pumps	Unmetered Pumps
a. _____							
b. _____							
a. _____							
b. _____							

*overhead or underground tanks, skid tanks, trucks or drums. Trucks are considered storage for home heating oil.

19. a. Average monthly taxable fuels sales during the preceding twelve months: _____ gallons.

b. Average monthly taxable fuels use during the preceding twelve months: _____ gallons.
(If applicant is unable to give required information, estimate projected business and write "EST" behind figure)

20. Is applicant registered with the Division of Taxation for any other New Jersey State taxes? YES NO

The undersigned applicant states, (under penalty of perjury), that all the information contained in this application is true and accurate in every particular.

_____	_____
Name of Applicant	Signature of Owner, Partner or Officer
_____	_____
Title	Date

All information must be provided before this application can be processed.

Return completed application and \$150 fee to:

STATE OF NEW JERSEY, Division of Taxation, Motor Fuel Tax, PO Box 189, Trenton, NJ 08695-0189.

There is no fee to holders of New Jersey Motor Fuel Retail Dealer, Wholesale Dealer or Distributor Licenses.

The information submitted will assist this office in the processing of your license request.

The Division of Taxation reserves the right to conduct a thorough investigation prior to issuing this license.

FOR DIVISION USE ONLY

License No. _____ Investigation initiated _____

Effective Date _____ Investigation completed _____

Approved _____

Recommendations: _____