



**Item number 10 must be completed by out-of-state businesses.**

10. 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) \_\_\_\_\_
11. Attach one copy each of CERTIFIED FINANCIAL STATEMENTS for the last two fiscal years.
12. List **all** suppliers of motor fuel. A copy of the contract from each supplier must be attached indicating type of product and where provided by supplier \_\_\_\_\_
13. Is applicant a licensed distributor, importer or exporter in another state or foreign country? Please indicate state, license number, and point of contact in each state (include name and telephone number). Additionally, please attach a copy of each license. If applicant is a foreign importer, include copy of US Customs permit. \_\_\_\_\_
14. Does applicant hold a Federal Form 637? Is so, identify the issuing IRS District Office, provide copy of 637 certificate and copies of applicant's last two quarterly Form720 reports filed with the IRS. \_\_\_\_\_
15. Does applicant hold any other New Jersey Motor Fuel License? If yes, explain \_\_\_\_\_
16. Has applicant ever had a Motor Fuel License denied, suspended, cancelled or revoked in New Jersey or any other jurisdiction? If yes, explain \_\_\_\_\_
17. Does applicant have any outstanding liability or litigation? If yes, explain \_\_\_\_\_
18. Indicate below the maximum number of gallons of motor fuels that you expect to import into this state and the maximum number of gallons of motor fuel you expect to purchase within this state in any month.  
 IMPORTS \_\_\_\_\_ Gal.      NJ PURCHASES \_\_\_\_\_ Gal.      TOTAL HANDLE \_\_\_\_\_ Gal.  
**NOTE:** An "exchange" or "book transfer" of gasoline in this State is a purchase and/or sale and must be reported by seller and purchaser.  
 Reference: N.J.S.A. 54:39-7.
19. Types of motor fuel to be handled and percentage of each.  
 \_\_\_\_\_ %      \_\_\_\_\_ %      \_\_\_\_\_ %
20. Describe in detail applicant's planned activity and need for this license. \_\_\_\_\_

21. Indicate below by which type of carrier you expect to receive/import motor fuels into this State.  
 Tanker       Pipeline (provide copy of agreement)       Barge       Tank Car       Tank Truck

22. List below each manufacturing, "M" for manufacturing, "R" for retail and "L" for leased. (If more space is needed, attach rider)

Location	Class M, W, R, L	Number of Tank	Total Capacity Gallons

- 23 Is applicant registered for Petroleum Products Gross Receipts as required by the Act? . . . . .  YES       NO
24. 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 the application can be processed.  
 The information submitted will assist this office in the processing of your request.  
 The Division of Taxation reserves the right to conduct a thorough investigation prior to renewing this license.  
**Return completed application and \$450 fee to: MOTOR FUEL TAX, PO Box 189, Trenton, NJ 08695-0189**

**FOR DIVISION USE ONLY**

License No. \_\_\_\_\_ Investigation Initiated \_\_\_\_\_

Effective Date \_\_\_\_\_ Investigation Completed \_\_\_\_\_

Approved \_\_\_\_\_

Recommendations: \_\_\_\_\_