

12. List the names and addresses of all persons from whom applicant purchased fuels, and list products purchased.

NAME and ADDRESS

PRODUCT

_____	_____
_____	_____
_____	_____

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

14. 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) _____

15. Average monthly fuels **sales** during the preceding twelve months _____ gallons.

16. Average monthly fuels **use** during preceding twelve months _____ gallons.

17. Number of diesel vehicles operated _____.

18. Name of common carriers utilized to transport fuels _____

19. Provide detailed description of business _____

NOTE: Question 14 must be completed by out-of-state businesses.

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

*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: _____