

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 SMF-9**

# Request for Cancellation of Supplier of Motor Fuels License

Attach original license

<b>PART 1</b>	Name		Address	
	ID #	Phone #	Address	
	Check the type(s) of license held <input type="checkbox"/> Supplier <input type="checkbox"/> Permissive Supplier		City, State Zip	

<b>Part 2</b>	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.						

<b>Part 3</b>	By signing I am acknowledging that this company will cease all activities requiring a Supplier of Motor Fuels License. This company's final report is due on the 20 <sup>th</sup> of the month following the date of cancellation. 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