



11. List parent company, wholly owned subsidiaries, and/or any affiliates \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
12. Give name, title, and address of agent in New Jersey or registered New Jersey agent on whom service may be made. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
13. List all suppliers of petroleum products. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
14. Is applicant registered with the Division of Taxation for any other New Jersey State taxes?  Yes  No  
 If yes, list the taxes \_\_\_\_\_
15. Type of business activity (check one):  
 Number 2 heating oil dealer (companies in the business of selling No. 2 heating oil for residential use)  
 Propane dealer (companies in the business of selling propane for residential use)  
 Blenders (companies in the business of acquiring petroleum products, blending them, and later selling the blended petroleum product)  
 Other (please explain) \_\_\_\_\_  
 \_\_\_\_\_
16. Describe in detail your business operation and reason why you would qualify for a Direct Payment Permit. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
17. If a blender, describe types of petroleum products to be blended and the percentage of the final product which is a petroleum product. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
18. 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 permit request.  
 The Division of Taxation reserves the right to conduct a thorough investigation prior to issuing this license.*

**FOR DIVISION USE ONLY**

Permit No. \_\_\_\_\_

Investigation initiated \_\_\_\_\_

Effective Date \_\_\_\_\_

Investigation completed \_\_\_\_\_

Approved \_\_\_\_\_

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