



210460049

Indicate Type of Motor Fuel License

☐ Dealer ☐ Distributor ☐ Special Fuel Seller ☐ Special Fuel User ☐ Turbine Fuel Seller

In accordance with Tax General Article, Title 9, Subtitle 320, Annotated Code of Maryland, application is hereby made. (Please type or print.)

1. Legal Business Name		Trade Name	
Street Address		Business Telephone Number	Contact Email Address
City	State	ZIP code	County
Federal Identification Number (FEIN)	MD Drivers License or Soundex Number		Social Security Number (SSN)

2. Type of ownership:

☐ Sole Proprietorship	☐ Non-MD Corporation Closed	☐ Partnership
☐ Unincorporated Association	☐ Non-Profit Corporation	☐ Governmental
☐ Maryland Corporation	☐ Fiduciary (Estate or Trust)	☐ Maryland Corporation Closed
☐ Regular Cooperative	☐ Non-MD Corporation Regular	☐ Limited Liability Co. LLC

3. Have you qualified with the Department of Assessments and Taxation to do business in Maryland?

☐ Yes ☐ No

4. In accordance with Tax General Article, Title 9, Subtitle 314, you are required to provide names, social security numbers, and titles for all officers, partners, members and attorneys-in-fact. Sole proprietors must indicate home address and telephone number if different from item 1.

Name/Title	Social Security Number	Home Address	Personal Telephone Number

5. Out-of-state applicant and LLC's must complete this item:

Resident Agent's Name _____

Maryland Address _____

Resident Agent's Telephone Number _____

SSN or FEIN _____ Email Address _____

**COMPTROLLER OF MARYLAND
FIELD ENFORCEMENT BUREAU
LICENSING UNIT**

P.O. BOX 2397, ANNAPOLIS, MD 21404-2397

**Main: 410-260-7215 Option 6
Fax: 410-974-3129
MFTLicenses@marylandtaxes.gov**



210460149

6. Will this application for a license lead to the cancellation of any existing accounts/licenses established with the Licensing Unit?

☐ Yes ☐ No

If yes, indicate the following accounts that should be canceled:

- ☐ Dealer _____
- ☐ Distributor _____
- ☐ Special Fuel Seller _____
- ☐ Special Fuel User _____
- ☐ Turbine Fuel Seller _____

7. Does this application involve a change in the company's legal name or FEIN?

☐ Yes ☐ No

If yes, list the previous name and number.

Company Name _____

SSN or FEIN _____

8. Does this application involve the takeover and continuation of another business?

☐ Yes ☐ No

If yes, list name and FEIN number of that business.

Business Name _____

FEIN _____

9. Do you own or control storage in Maryland for motor fuel and/or aviation fuel?

☐ Yes ☐ No

If yes, list capacity for each fuel stored in Maryland. Exclude commingled inventory and retail service stations. Attach list if necessary.

Location _____

Product	Capacity
_____	_____
_____	_____
_____	_____
_____	_____

10. Do you have commingled storage in Maryland?

☐ Yes ☐ No

if yes, attach a copy of the Terminal Agreement(s) (Form FEB-305) and complete the following:

Name of commingled Partners	Type of fuels	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Indicate the number of retail service stations you operate in Maryland. _____

12. Indicate the number of retail service stations you supply in Maryland. _____



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13. List the number and type of on-road vehicles and type of fuel used:

Vehicle	Number Using Gasoline	Number Using Diesel	Number Using Other Fuel
Road Tractors			
3-Axle Trucks			
2-Axle Trucks			
Other			

14. List below all of your off-road equipment using special fuel. Attach list if more space is needed:

_____	_____
_____	_____
_____	_____

15. Estimate total volume of fuel in gallons transacted during a full calendar year for the product types listed below

Product	Gallons Imported Into MD	Gallons Exported Out of MD	Gallons Purchased and Delivered in MD
Gasoline			
Diesel (On Road)			
Diesel (Off Road)			
Kerosene			
Propane			
Natural Gas			
Av-Gas			
Jet/Turbine Fuel			
Fuel Oil			
Ethanol			
Other			

16. Do you sell fuels to the U.S Government?
If yes, attach a copy of government contract(s).

☐ Yes

☐ No

List Name of Government Agency

Type of Fuel Sold

_____	_____
_____	_____
_____	_____

17. Check the methods by which you receive/ship motor fuel products:

- | | | |
|------------------------|----------------------------------|-------------------------------|
| Barge | ☐ Receive | ☐ Ship |
| Ship | ☐ Receive | ☐ Ship |
| Pipeline | ☐ Receive | ☐ Ship |
| Railcar | ☐ Receive | ☐ Ship |
| Tankwagon/Tank Trailer | ☐ Receive | ☐ Ship |
| List other methods: | | |
| _____ | ☐ Receive | ☐ Ship |
| _____ | ☐ Receive | ☐ Ship |
| _____ | ☐ Receive | ☐ Ship |



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18. List quantity of all owned/operated petroleum transporter conveyances:

Type	Number	Capacity
Barge	_____	_____
Ship	_____	_____
Railcars	_____	_____
Tankwagon/Tank Trailer	_____	_____
List other methods:	_____	_____

19. List other states where a valid motor fuel license is held:

State	State
_____	_____
_____	_____
_____	_____

20. Are you a refiner of motor fuel? ☐ Yes ☐ No

21. Are you a refiner of aviation fuel? ☐ Yes ☐ No

22. Check if adjusted by temperatures factors:

Receipts	☐ Yes	☐ No
Disbursements	☐ Yes	☐ No
Inventories	☐ Yes	☐ No

23. Are the original source documents and records used in preparation of reports maintained at the same location identified in Question 1? ☐ Yes ☐ No

24. Application prepared by:

Print Name

Print Title

Telephone Number

Email Address

25. Who is the person to contact for audit purposes?

Name

Telephone Number

Email Address

26. I certify under the penalty provided by law, that the statements made and information furnished in this application are true, correct, and complete to the best of my knowledge and belief.

Authorized Person's Print Name

Authorized Person's Print Title

Authorized Signature

Date



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27. Describe in **DETAIL** your proposed operation in the state of Maryland. ***Be specific.***