REV-1338 MF (2-13)

pennsylvania
DEPARTMENT OF REVENUE

BUREAU OF MOTOR AND ALTERNATIVE FUEL TAXES
PO BOX 280646
HARRISBURG, PA 17128-0646

APPLICATION FOR LIQUID FUELS AND FUELS TAX PERMIT

BUREAU USE ONLY	
Amount of Surety Bond $	
Amount of Negotiables	**Amount of L.O.C.**
Total Security	
Date Approved	
Permit Number	

FAILURE TO COMPLETE ALL APPLICABLE SECTIONS WILL RESULT IN THE REJECTION OF APPLICATION.

This application for a liquid fuels and fuels tax permit must be filed by every person refining liquid fuels or fuels in Pennsylvania for sale or use therein and those persons importing or exporting liquid fuel or fuels. Liquid fuels include gasoline, gasohol, aviation gas and jet fuel. Fuels include clear diesel fuel and kerosene.

1 **Name under which the permit is to be issued (Legal Name(s), D/B/A, Fictitious Name)**

2 **Location of principal place of business (Description of exact location - PO Box is not acceptable)**

Street Address | City | County | State | ZIP Code

3 **MAILING Address (if different than #2)** P.O. Box, Street and Number, or RD Number and Box

Street Address or PO Box | City | County | State | ZIP Code

4 **Name, title, Social Security number and home address of all individual owners and elected officers constituting the ownership, partnership, association or corporation. Attach a separate sheet if more space is required.**

Name	Title	Social Security Number
Street Address	City	State / ZIP Code
Name	Title	Social Security Number
Street Address	City	State / ZIP Code

5 **Applicant is operating as (check appropriate block):**

☐ An Individual ☐ A Partnership ☐ An Association ☐ A Corporation

6 **Are you operating under the Fictitious Names Act?** ☐ Yes ☐ No If yes, give date and place of registration.

Date: _____ Location: _____

7 **If a corporation, are you registered with the Department of State?** ☐ Yes ☐ No

8 **If a corporation, give date, state of incorporation and PA Corporation Tax (Box) Number:**

Date: _____ State: _____ PA Corporation Tax (Box) Number:

9 **If an out-of-state corporation, give date PA Certificate of Authority was received:**

Date: _____

10 **Federal Employer Identification Number (FEIN)**

11 **E-mail Address**

12 **Bus. Telephone** ( ) **Fax Number** ( )

Home Telephone ( )

13 **Name, title, home address and Social Security number of persons (other than individual owners, partners or elected officers of the partnership, association or corporation) who are authorized to sign reports sent to the department.**

Name	Title	Social Security Number
Street Address	City	State / ZIP Code
Name	Title	Social Security Number
Street Address	City	State / ZIP Code

14 **Date you wish to begin purchases tax free of:**

Liquid fuels _____

Fuels _____

Both _____

14a **Maximum month's sales of taxable liquid fuels or fuels in PA during past year (If you estimated the figure, write "est" behind it):**

Liquid fuel _____ gallons.

Fuels _____ gallons.

15 **Distributor status is requested for (check highest applicable item):**

_____ Class 1 - Refiner/Wholesaler of liquid fuels and fuels

_____ Class 2a - Wholesaler of liquid fuels (gasoline/gasohol only)

_____ Class 2b - Wholesaler of liquid fuels (jet/avgas only)

_____ Class 3 - Wholesaler of fuels (diesel & kerosene) only

_____ Class 4 - Importer of liquid fuels or fuels

_____ Class 5 - Exporter of liquid fuels or fuels

_____ Class 6 - Kerosene dealer

_____ Class 6a - Kerosene dealer (blocked pumps)

16 **Business Activity -** Complete the following as it relates to PA business activity and the class license requested in Question 15.

A. Refinery Operations: Liquid fuels and/or fuels can be shipped from the following refinery locations to various PA customers or company locations:

1. Street Address	City	State	ZIP Code
2. Street Address	City	State	ZIP Code

B. Wholesale Activity: Provide the following:

1. Number of unrelated retail accounts to which liquid fuels are sold: _____
2. Percent of liquid fuels to total sold to retailers in (1) above: _____
3. Number of exempt entities to which liquid fuels are sold: _____; approximate yearly gallons: _____
4. Number of unrelated retail accounts to which fuels are sold: _____
5. Percent of fuels to total sold to truck stops in (4) above: _____
6. Number of exempt entities to which fuels are sold: _____; approximate yearly gallons: _____

C. Import/Export Activity:

1. Percent of liquid fuels and fuels to total imported: Liquid Fuels _____ Fuels _____
2. The following fuel is imported: ☐ Gas/Gasohol ☐ Jet/AvGas ☐ Diesel ☐ Kerosene
3. Percent of liquid fuels and fuels to total exported: Liquid Fuels _____ Fuels _____
4. The following fuel is exported: ☐ Gas/Gasohol ☐ Jet/AvGas ☐ Diesel ☐ Kerosene
5. State(s) to which product is exported: _____
6. Fuel is imported/exported via: ☐ Pipeline ☐ Barge ☐ Tank Truck ☐ Tank Wagon ☐ Other _____
7. If you use your own vehicles to transport fuel, indicate your base state for motor carriers road tax (fuel use) reporting _____ .
8. If common/contract carriers are used, provide a complete list of carriers used including company names and addresses:

	Common	Contract	Name and Address:
a.	☐	☐	
b.	☐	☐	

D. General Business Activity: Provide the following:

1. Do you operate or have an affiliation with retail stations or truck stops? ☐ Yes ☐ No
   If yes, indicate how many and in which states: _____
2. Have you, any partner or a corporation in which you or any other partner had greater than 5 percent interest ever been revoked as a licensee or convicted of a motor fuel tax related crime? ☐ Yes ☐ No If yes, indicate the jurisdiction(s) in which the action(s) occurred: _____ , and the date(s) of the action(s): _____
3. **Locations:**
   The Bureau of Motor Fuel Taxes will issue a liquid fuels and fuels permit: (a) to the address on Line 2, (b) to each location on Line 16A and (c) to every Pennsylvania location from which liquid fuels or fuels are sold or delivered at a wholesale level.*
   * *A listing showing such locations must be attached to this application. Use form REV-1338 A. The list must show all other retail locations where fuel, on which tax has not been paid, is inventoried. Please mark these as retail (R) locations, as permits will not be issued to same.*

17 **Fuel purchases or receipts - Name source of supply:**

1. Name	Address	Phone Number ( )
2. Name	Address	Phone Number ( )
3. Name	Address	Phone Number ( )

18 **Provide the name, address and occupation of at least two business references.**

a. Name	Address	Phone Number ( )	Occupation
b. Name	Address	Phone Number ( )	Occupation

NOTE: YOU ARE REQUIRED TO MAINTAIN RECORDS OF RECEIPTS, DISBURSEMENTS AND CASH FLOW.

19 Applicant agrees, under penalty of perjury, that the information supplied by the applicant on this application is to the best of his/her knowledge true, accurate and complete.

This form must be signed by an owner, partner or corporate officer named on the front of this application or by an authorized agent. If signed by an authorized agent, a properly completed Power of Attorney must be attached to this application.

Name	Signature	Title	Date