

STATE OF OKLAHOMA - OKLAHOMA TAX COMMISSION APPLICATION FOR LICENSE(S) OF MOTOR FUELS

TYPE OF OWNERSHIP:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Sole Proprietor
(one owner) | <input type="checkbox"/> LLP |
| <input type="checkbox"/> Partnership
(two or more owners) | <input type="checkbox"/> LLC |
| <input type="checkbox"/> Other (explain) _____ | <input type="checkbox"/> Corporation |

I HEREBY MAKE APPLICATION FOR THE FOLLOWING LICENSE(S):

- | | |
|---|---|
| <input type="checkbox"/> Supplier/Permissive Supplier | <input type="checkbox"/> Tank Wagon Operator - Importer |
| <input type="checkbox"/> Terminal Operator | <input type="checkbox"/> Wholesaler or Retailer (Fuel Vendor) |
| <input type="checkbox"/> Exporter | <input type="checkbox"/> Eligible Purchaser |
| <input type="checkbox"/> Transporter | <input type="checkbox"/> Producer or Blender - Biodiesel or Dyed Biodiesel (Fuel Vendor)
(Please complete the reverse side) |
| <input type="checkbox"/> Occasional Importer | <input type="checkbox"/> Compressed Natural Gas Wholesaler/Retailer/Distributor
(Fuel Vendor) |
| <input type="checkbox"/> Bonded Importer | |

PLEASE PRINT OR TYPE THE INFORMATION BELOW:

Mailing address (For all correspondence):

FEI/Social Security Number _____

Street _____

Owner, Partnership, or Corporate Charter Name _____

City, State, Zip _____

Trade Name (Doing business as) _____

Physical location business (No P.O. Box):

Business Phone Number _____ Fax Number _____

Street _____

City, State, Zip _____

(If more than one location, attach separate sheet)

NAME(S) OF BUSINESS PARTNERS, OR OFFICERS:

Social Security Number	Name/Title	Home Mailing Address

Oklahoma law requires motor fuel licensees to post a bond (if a bond is needed) at the time of filing a license application. A surety bond must accompany the license application before a license is issued. Bond application is enclosed.

I declare that the information contained in this document and any attachments is true and correct to the best of my knowledge and belief.

SIGN

HERE: _____ DATE: _____

Mail completed form to: Oklahoma Tax Commission
Taxpayer Assistance Division
P.O. Box 26920
Oklahoma City, OK 73126

PRODUCERS OF BIODIESEL AND/OR DYED BIODIESEL

1. Projected number of gallons to be produced each month:

Biodiesel _____ Dyed Biodiesel _____

2. If more than 400 gallons per month, please provide your Federal Permit Number: _____.

3. Physical location where the biodiesel will be produced:

City State Zip

4. Phone Number: _____

Please note that motor fuel tax is due on any biodiesel produced and used on the roads and highways in Oklahoma.

You will be required to file a monthly Miscellaneous Report and remit any tax due the the 1st day of each month.

BLENDER OF BIODIESEL AND/OR DYED BIODIESEL

1. Projected number of gallons to be blended each month:

Biodiesel _____ Dyed Biodiesel _____

2. Please provide your Federal Permit Number: _____.

3. Physical location where the blending will be done:

City State Zip

4. Phone Number: _____

Please note that motor fuel tax is due on any biodiesel blended and used on the roads and highways in Oklahoma.

You will be required to file a monthly Fuel Blender Report and remit any tax due within thirty (30) days of the blending event.