



ALABAMA DEPARTMENT OF REVENUE
BUSINESS & LICENSE TAX DIVISION
MOTOR FUELS SECTION

B&L: MFT-APP

5/12

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www.revenue.alabama.gov

Alabama Motor Fuel Excise Tax License Application

PLEASE READ INSTRUCTIONS PRIOR TO COMPLETING APPLICATION

PLEASE PRINT IN INK OR TYPE

A. APPLICANT INFORMATION

LEGAL BUSINESS OR CORPORATION NAME			FEIN / SSN
TRADE NAME OR DBA (IF DIFFERENT FROM BUSINESS NAME)			FEDERAL CERTIFICATE OF REGISTRY NUMBER
CONTACT PERSON	TELEPHONE NUMBER () ()	FAX NUMBER () ()	E-MAIL ADDRESS

B. ADDRESS INFORMATION

PHYSICAL LOCATION (DO NOT USE P.O. BOX)	CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE	ZIP CODE
ADDRESS FOR BUSINESS RECORDS	CITY	STATE	ZIP CODE

C. LICENSE INFORMATION *(Attach additional pages if necessary.)*

Check each license for which you are applying:

- Supplier Importer Terminal Operator Motor Fuel Transporter Aviation Fuel Purchaser
 Permissive Supplier Exporter Blender Distributor

Enter 6 digit Entity Number assigned by the Secretary of State's Office, if applicable.

You must have a entity number to submit this application, except for sole proprietorship or general partnership.

D. TYPE OF BUSINESS OWNERSHIP

- Sole-Owner Domestic Corporation Foreign Corporation
 General Partnership Limited Partnership Limited Liability Partnership Limited Liability Company
 Other (Specify) _____

State of Incorporation: _____ Date of Incorporation: _____

If LLC, have you elected to be taxed as a corporation under federal income tax laws? Yes No. If yes, please attach a copy of the election form.

Corporation: provide all corporate officers. **Partnership:** provide all partners. **Sole Proprietorship:** provide owner.

All Others: provide all general partners, members, or managers. *(Attach additional pages if necessary.)*

1. FULL LEGAL NAME	TITLE	FEIN / SSN
HOME ADDRESS	CITY	STATE ZIP CODE
2. FULL LEGAL NAME	TITLE	FEIN / SSN
HOME ADDRESS	CITY	STATE ZIP CODE
3. FULL LEGAL NAME	TITLE	FEIN / SSN
HOME ADDRESS	CITY	STATE ZIP CODE
4. FULL LEGAL NAME	TITLE	FEIN / SSN
HOME ADDRESS	CITY	STATE ZIP CODE
5. FULL LEGAL NAME	TITLE	FEIN / SSN
HOME ADDRESS	CITY	STATE ZIP CODE

E. PRODUCT INFORMATION

Check the type(s) of product you will be handling:

- 150 – #1 Fuel Oil 125 – Aviation Gasoline 130 Aviation Jet Fuel 122 – Blending Components
 124 – Gasohol 065 – Gasoline 228 – Diesel - Dyed 160 – Diesel - Undyed
 170 – Biodiesel - Undyed 072 – Kerosene - Dyed 142 – Kerosene - Undyed
 Other – Product Code: _____ Product Type: _____

F. MOTOR FUEL PURCHASE/RECEIPT INFORMATION (Attach additional pages if necessary.)

Provide the following information on all suppliers from whom you will purchase motor fuel and on all exchange partners from whom you will receive motor fuel from inside the terminal transfer system.

SUPPLIER: NAME	POINT OF ORIGIN		POINT OF DESTINATION		PRODUCT CODE
	CITY	STATE	CITY	STATE	

EXCHANGE PARTNER: NAME	POINT OF ORIGIN		POINT OF DESTINATION		PRODUCT CODE
	CITY	STATE	CITY	STATE	

G. TERMINAL OPERATOR INFORMATION (If you own, operate, or otherwise control a terminal, you **must** complete this section.)

Will you maintain motor fuel storage and distribution facilities to which a terminal control number has been assigned by the IRS?

- Yes No If yes, you **must** complete Section P – Storage Facility Information.

H. REFINERY INFORMATION (Attach additional pages if necessary.)If you own, operate, or otherwise control facilities with petroleum-refining capabilities in Alabama you **must** complete this section.

1. REFINERY STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

2. Provide the product code and estimated number of gallons for each product you plan to refine monthly:

PRODUCT CODE	GALLONS	PRODUCT CODE	GALLONS	PRODUCT CODE	GALLONS

I. SUPPLIER INFORMATION (Important: all suppliers **must** complete Section P – Storage Facility Information.)If you are applying for a supplier's license or permissive supplier's license, you **must** complete this section.**As a supplier or permissive supplier you will be set up to file the annual Wholesale Oil License/Import License Fee.**

1. Will you be a position holder in a terminal?

- Yes No

2. Will you receive motor fuel through a two-party exchange agreement?

- Yes No If yes, you **must** complete Section F – Motor Fuel Purchase/Receipt Information.

3. Will you only have transactions within the bulk transfer terminal system such as a pipeline?

- Yes No

J. BLENDER INFORMATION (Attach additional pages if necessary.)If you will blend petroleum products in Alabama, you **must** complete this section.

What is the estimated number of gallons of product you will blend in a year? Gasoline: _____ Diesel Fuel: _____

BLENDING SITE PHYSICAL ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____	TANK CAPACITY (GALLONS) _____
		AL		

Provide a complete description of your blending operation:

K. DISTRIBUTOR INFORMATION (If you are applying for a distributor's license, you **must** complete this section.)

1. Will you import motor fuel into Alabama from a permissive supplier?

Yes No If yes, you **must** complete Section M – Importer Information.

2. Will you export motor fuel from Alabama?

Yes No If yes, you **must** complete Section L – Exporter Information.

3. Will you purchase motor fuel for resell from a supplier at a terminal in Alabama?

Yes No

4. Will you transport motor fuel within Alabama?

Yes No If yes, you must complete Section N – Motor Fuel Transporter Information.

5. Estimated quantity of fuel purchased from supplier(s) each month.

Gasoline: _____ Diesel Fuel: _____

Aviation Gas: _____ Jet Fuel: _____

L. EXPORTER INFORMATION (Attach additional pages if necessary)

(If you plan to export motor fuel from Alabama, you **must** complete this section.)

1. Which mode of transportation will you use to export from Alabama? (Check all that apply.)

Transport Vehicle Railroad Tank Car Other _____

2. Will you purchase motor fuel from a licensed supplier and/or distributor?

Yes No

3. Will you export motor fuel from a bulk plant?

Yes No

4. List the state(s) to which you plan to export motor fuel and the License or Registration Number for each of those state(s):

STATE	LICENSE/REGISTRATION NUMBER	STATE	LICENSE/REGISTRATION NUMBER	STATE	LICENSE/REGISTRATION NUMBER
1.		3.		5.	
2.		4.		6.	

5. Estimated quantity of fuel purchased from supplier(s) each month.

Gasoline: _____ Diesel Fuel: _____

Aviation Gas: _____ Jet Fuel: _____

M. IMPORTER INFORMATION (Attach additional pages if necessary)

(If you plan to import motor fuel into Alabama, you **must** complete this section.)

As an importer you will be set up to file the annual Import License Fee.

1. Will you import motor fuel that you receive from a permissive supplier?

Yes No If yes, you will be required to be licensed as an importer and report monthly.

2. Do you plan to import motor fuel from a bulk plant or some other non-terminal storage located in another state?

Yes No If yes, you will be required to be licensed as an importer and report monthly.

3. Do you plan to import motor fuel acquired at an out-of-state terminal from a supplier who will not precollect the Alabama tax?

Yes No If yes, you will be required to be licensed as an importer and pay the Alabama tax on or before the third day after the fuel is imported.

4. What mode of transportation will you use to import into Alabama? (Check all that apply.)

Transport Vehicle Railroad Tank Car Other _____

5. List the state(s) from which you plan to import motor fuel and the License and Registration Number for each of those state(s):

STATE	LICENSE/REGISTRATION NUMBER	STATE	LICENSE/REGISTRATION NUMBER	STATE	LICENSE/REGISTRATION NUMBER
1.		3.		5.	
2.		4.		6.	

6. Estimated quantity of fuel imported into Alabama each month.

Gasoline: _____ Diesel Fuel: _____

Aviation Gas: _____ Jet Fuel: _____

N. MOTOR FUEL TRANSPORTER INFORMATION (If you plan to transport motor fuel, you **must** complete this section.)

1. Will you transport motor fuel? (Check all that apply.)

For import into Alabama For export from Alabama From point to point within Alabama

2. What mode of transportation will you use? (Check all that apply.)

Marine Vessel Transport Vehicle Railroad Tank Car Other _____

O. AVIATION FUEL PURCHASER

An aviation fuel purchaser license is required to purchase aviation fuels at the aviation gasoline and jet fuel rates.

Estimated quantity of fuel purchased from supplier(s) each month:

Aviation Gasoline: _____ Jet Fuel: _____

P. STORAGE FACILITY INFORMATION *(Attach additional pages if necessary)*

Complete the following for motor fuel storage facilities you own and/or lease. *(Include facilities that are currently not in use.)*

OWN:

TERMINAL CONTROL NUMBER (IF FUEL IS STORED AT A TERMINAL)	PHYSICAL LOCATION (STREET ADDRESS, CITY, STATE)	HOW WILL MOTOR FUEL BE RECEIVED? (EXPLAIN)	PRODUCT CODE	STORAGE CAPACITY (GALLONS)

LEASE:

TERMINAL CONTROL NUMBER (IF FUEL IS STORED AT A TERMINAL)	PHYSICAL LOCATION (STREET ADDRESS, CITY, STATE)	HOW WILL MOTOR FUEL BE RECEIVED? (EXPLAIN)	PRODUCT CODE	STORAGE CAPACITY (GALLONS)

Q. TAX PRE-COLLECTION AGREEMENT *(Permissive Suppliers must complete this section.)*

I agree to collect the taxes due to the State of Alabama on Motor Fuel that has Alabama as its destination state and that was removed from a terminal located in another state.

AUTHORIZED REPRESENTATIVE'S NAME (PLEASE PRINT OR TYPE)		TITLE
AUTHORIZED REPRESENTATIVE'S SIGNATURE		DATE
TELEPHONE NUMBER ()	FAX NUMBER ()	E-MAIL ADDRESS

R. CERTIFICATION – ALL APPLICANTS MUST COMPLETE THIS SECTION

I certify that I have read this application and know and understand its contents and that all the information herein is true and accurate. I understand it is unlawful to knowingly make a false statement on the application and that any violation may be prosecuted.

AUTHORIZED REPRESENTATIVE'S NAME (PLEASE PRINT OR TYPE)		TITLE
AUTHORIZED REPRESENTATIVE'S SIGNATURE		DATE
TELEPHONE NUMBER ()	FAX NUMBER ()	E-MAIL ADDRESS

Failure to answer all questions, provide the requested documents or remit the appropriate license fee(s) will constitute cause for rejection of your application by the Alabama Department of Revenue.

License Fees

Supplier	\$200	Importer	\$100
Permissive Supplier	\$ 0	Blender	\$ 0
Terminal Operator	\$ 0	Distributor	\$ 50
Exporter	\$100	Aviation Fuel Purchaser	\$200
Transporter	\$ 50		

Separate licenses are required for each activity other than a supplier.

FOR OFFICE USE ONLY		
Required bond amount \$ _____	_____	_____
	Manager, Motor Fuels Section	Date
License(s) will be issued only when bond is posted and approved.		