



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

**B&L: LOAP**  
 7/15

P.O. Box 327540 • Montgomery, AL 36132-7540 • (334) 242-9608 • Fax (334) 242-1199  
[www.revenue.alabama.gov](http://www.revenue.alabama.gov)

# Application For An Alabama Lubricating Oils Permit

(THIS APPLICATION DOES NOT CONSTITUTE A LICENSE.)

Under the provisions of Title 40, Chapter 17, Article 4, **Code of Alabama 1975**, I hereby make application for a permit to engage in the distribution, sale, withdrawal or use of lubricating oils in Alabama, subject to all the laws governing this privilege, and such rules and regulations as may be promulgated by the Alabama Department of Revenue. If granted a permit, I shall, for myself, or for any corporation or agency that I represent, comply with the lubricating oils excise tax laws in every particular.

APPLICANT'S NAME (AS WILL APPEAR ON PERMIT)

STREET ADDRESS CITY STATE ZIP CODE

MAILING ADDRESS CITY STATE ZIP CODE

SOCIAL SECURITY NUMBER FEDERAL IDENTIFICATION NUMBER

TELEPHONE NUMBER CONTACT PERSON E-MAIL ADDRESS  
 ( )

Indicate legal structure:  Individually owned  Partnership  Corporation  LLC  Other: \_\_\_\_\_

State of incorporation/organization: \_\_\_\_\_

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 IRS election form 8832.

List below names, titles, social security numbers and legal addresses of owner, partners or corporate officers, or LLC members. (Attach a listing if necessary.)

NAME	NAME	NAME
TITLE	TITLE	TITLE
SOCIAL SECURITY NO.	SOCIAL SECURITY NO.	SOCIAL SECURITY NO.
ADDRESS	ADDRESS	ADDRESS
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**\*THIS TAX REQUIRES MANDATORY ELECTRONIC FILING OF RETURNS.** Please initial: \_\_\_\_\_

**COMPLETE THE REVERSE SIDE OF THIS APPLICATION.**

Failure to answer all questions or provide the requested documents will constitute cause for the rejection of your application by the Alabama Department of Revenue.

**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  
 ( ) ( )

**OFFICE USE ONLY – APPROVAL FOR PERMIT**

Permit will be issued upon approval by Manager.

APPROVAL

EFFECTIVE DATE

PERMIT NUMBER

**Answer the following questions. If space is insufficient, attach a listing of the information requested.  
All attachments are made part of the application.**

1. Estimated quantity of lubricating oils to be distributed, sold, used or withdrawn from storage each month.

\_\_\_\_\_ gallons

2. List locations and capacities of all **current** storage facilities in Alabama.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Will you import products?

Yes  No

4. Will you export products?

Yes  No

5. Will you package products for future distribution?

Yes  No

6. Are you registered with the Alabama Secretary of State?

Yes  No If yes, please enter number here: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

*You must be registered with the Alabama Secretary of State in order to do business in Alabama except for sole proprietorship or general partnership.*

7. Are you purchasing/merging with any organization(s) or person(s) that is/was permitted with the Alabama Department of Revenue?

Yes  No If yes, indicate the organization(s) or person(s).

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\_\_\_\_\_  
( )