


Date of Application \_\_\_\_\_

	<b>Motor Fuel Excise Tax License Application</b>
	<b>Mail to:</b> Louisiana Department of Revenue Taxpayer Services Division Excise Taxes Section P. O. Box 66362 Baton Rouge, LA 70896-6362 (225) 219-7656 (225) 219-2114 (TDD)

**Please Print or Type.**

A. Applicant Information			
Legal Business or Corporation Name		LA Account Number	
Trade Name or DBA (if different from Business Name)		FEIN/SSN	
Contact Person	Telephone Number	Fax Number	E-Mail Address

B. Address Information			
Physical Location (do not list P.O. Box)	City	State	ZIP
Mailing Address (if different from above)	City	State	ZIP
Address of Business Records	City	State	ZIP

C. License Information			
Check each license for which you are applying			
<input type="checkbox"/> Supplier	<input type="checkbox"/> Importer	<input type="checkbox"/> Terminal Operator	<input type="checkbox"/> Motor Fuel Transporter
<input type="checkbox"/> Permissive Supplier	<input type="checkbox"/> Exporter	<input type="checkbox"/> Blender	<input type="checkbox"/> Distributor
<b>List business license number(s) for the following (if applicable)</b>			
IFTA License Number	IRP License Number	Federal Registry Certificate Number	Type of Registry
Enter 9-digit number assigned by the Secretary of State's Office, if applicable. You must have a number to submit this application, except for sole proprietorship or general partnership.			

D. Type of Business Ownership			
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Other (specify below)
<input type="checkbox"/> Domestic Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Association	_____
<input type="checkbox"/> Foreign Corporation	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Liability Company	

**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.)

Full Legal Name	Title	Social Security Number	
Home Address	City	State	ZIP
Full Legal Name	Title	Social Security Number	
Home Address	City	State	ZIP
Full Legal Name	Title	Social Security Number	
Home Address	City	State	ZIP

If your business organization is a partnership, sole proprietorship, or your business is based in another state you **must** provide an agent for service of process. If you are applying for an Exporter's License, you **must** provide a **Louisiana Registered Agent**.

Name	Telephone Number	E-mail address	
	Fax Number		
Address	City	State	ZIP

**E. Product Information**

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

- |                                                    |                                                |                                                   |                                                       |
|----------------------------------------------------|------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> 150 – #1 Fuel Oil         | <input type="checkbox"/> 124 – Gasohol         | <input type="checkbox"/> 284 – Biodiesel – Undyed | <input type="checkbox"/> 225 – Liquefied Natural Gas  |
| <input type="checkbox"/> 125 – Aviation Gasoline   | <input type="checkbox"/> 065 – Gasoline        | <input type="checkbox"/> 072 – Kerosene – Dyed    | <input type="checkbox"/> 224 – Compressed Natural Gas |
| <input type="checkbox"/> 130 – Aviation Jet Fuel   | <input type="checkbox"/> 228 – Diesel - Dyed   | <input type="checkbox"/> 142 – Kerosene – Undyed  | <input type="checkbox"/> Other (specify below)        |
| <input type="checkbox"/> 122 – Blending Components | <input type="checkbox"/> 160 – Diesel - Undyed | <input type="checkbox"/> 054 – Propane            |                                                       |

**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 Section O.

Will you maintain motor fuel storage and distribution facilities to which a terminal control number has been assigned by the IRS?  
 Yes If yes, you must complete Section O – Storage Facility Information.  No

**H. Refinery Information (Attach additional pages if necessary.)**

If you own, operate, or otherwise control a terminal, you **must** complete Section O.

1. Refinery Street Address	City	State <b>LA</b>	ZIP
----------------------------	------	--------------------	-----

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. All suppliers must complete Section O – Storage Facility Information.**

If you are applying for a supplier's license or permissive supplier's license, you **must** complete this section.

- Will you be a position holder in a terminal?  Yes  No
- Will you receive motor fuel through a two party exchange agreement(s)?  
 Yes If yes, you **must** complete Section F- Motor Fuel Purchase/Receipt Information.  No

**J. Blender Information (Attach additional pages if necessary.)**

If you will blend petroleum products in Louisiana, you **must** complete this section.

Blending Site Physical Address	City	State <b>LA</b>	ZIP	Tank Capacity (gallons)
--------------------------------	------	--------------------	-----	-------------------------

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 Louisiana from a permissive supplier?  
 Yes If yes, you **must** complete Section M – Importer Information.  
 No
2. Will you export motor fuel from Louisiana?  
 Yes If yes, you **must** complete Section L – Exporter Information.  
 No
3. Will you purchase motor fuel for resell from a supplier or another distributor?  
 Yes  
 No
4. Will you resell motor fuel to another licensed distributor or bulk consumer?  
 Yes  
 No
5. Will you resell motor fuel to a retail dealer?  
 Yes  
 No
6. Will you resell motor fuel to a consumer?  
 Yes  
 No

**L. Exporter Information (Attach additional pages if necessary.)**

If you plan to export motor fuel from Louisiana, you **must** complete this section.

1. What mode of transportation will you use to export from Louisiana? (Check all applicable boxes.)  
 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 your License or Registration Number for each state.

State	License/Registration Number	State	License/Registration Number	State	License/Registration Number
1.		3.		5.	
2.		4.		6.	

**M. Importer Information (Attach additional pages if necessary.)**

If you plan to import motor fuel into Louisiana, you **must** complete this section.

1. Will you import motor fuel that you receive from a permissive supplier?  
 Yes  
 No
2. What mode of transportation will you use to import into Louisiana? (Check all applicable boxes.)  
 Transport Vehicle     Railroad Tank Car     Other \_\_\_\_\_
3. Do you plan to import motor fuel from a bulk plant located in another state?  
 Yes  
 No

4. List the state(s) from which you plan to import motor fuel and your License or Registration Number for each state.

State	License/Registration Number	State	License/Registration Number	State	License/Registration Number
1.		3.		5.	
2.		4.		6.	

**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 the boxes that apply.)  
 For import into Louisiana     For export from Louisiana     From point to point within Louisiana
2. What mode of transportation will you use? (Check all applicable boxes.)  
 Marine Vessel     Transport Vehicle     Railroad Tank Car     Other \_\_\_\_\_

**O. 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.)

<b>Own</b>				
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)
<b>Lease</b>				
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)

**P. Tax Pre-Collection Agreement**Permissive Suppliers **must** complete this section.

I agree to collect and remit the taxes due to the State of Louisiana on motor fuel that has Louisiana 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

**Q. 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, correct, and complete. 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