

**WEST VIRGINIA MOTOR FUEL
EXCISE TAX LICENSE APPLICATION**

Please read instructions prior to completing application
PLEASE PRINT IN INK OR TYPE

SECTION A: APPLICANT INFORMATION		
LEGAL NAME OF ENTITY		FEIN (SSN For Sole Proprietor)
DBA (Complete an additional BUS-APP for each additional DBA)		FEDERAL CERTIFICATE OF REGISTRY #
CONTACT PERSON	E-MAIL ADDRESS	TELEPHONE NUMBER

SECTION B: ADDRESS INFORMATION		
PHYSICAL ADDRESS OF BUSINESS NAMED ABOVE (No Post Office Boxes)		
CITY	STATE	ZIP
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		
CITY	STATE	ZIP
ADDRESS FOR BUSINESS RECORDS		
CITY	STATE	ZIP

SECTION C: LICENSE INFORMATION					
Check each license for which you are applying					
<input type="checkbox"/> SUPPLIER/REFINER	<input type="checkbox"/> IMPORTER	<input type="checkbox"/> TERMINAL OPERATOR	<input type="checkbox"/> MOTOR FUEL TRANSPORTER	<input type="checkbox"/> ALTERNATIVE FUEL BULK END USER	<input type="checkbox"/> PROVIDER OF ALTERNATIVE FUEL
<input type="checkbox"/> PERMISSIVE SUPPLIER	<input type="checkbox"/> EXPORTER	<input type="checkbox"/> BLENDER	<input type="checkbox"/> DISTRIBUTOR	<input type="checkbox"/> PRODUCER/MANUFACTURER	<input type="checkbox"/> RETAILER OF ALTERNATIVE FUEL

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 **West Virginia Registered Agent**.

NAME	E-MAIL ADDRESS	TELEPHONE NUMBER
ADDRESS		
CITY	STATE	ZIP



SECTION D: 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 – PRODUCT CODE _____ |
| <input type="checkbox"/> 122 BLENDING COMPONENTS | <input type="checkbox"/> 160 DIESEL – UNDYED | <input type="checkbox"/> 054 PROPANE | PRODUCT TYPE: _____ |

SECTION E: PURCHASE/RECEIPT INFORMATION

Provide the following information on all suppliers from whom you will purchase motor fuel/alternative fuel and on all exchange partners from whom you will receive motor fuel/alternative fuel from inside the terminal transfer system. Attach additional pages if necessary.

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

SECTION F: 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 ◀ IF YES, YOU MUST COMPLETE SECTION N – STORAGE FACILITY INFORMATION NO

SECTION G: PRODUCER/MANUFACTURER OR REFINERY INFORMATION

If you own, operate, or otherwise control facilities with producer/manufacturing or petroleum refining capabilities in West Virginia, you must complete this section.

1. LOCATION ADDRESS			CITY	STATE	ZIP
2. PROVIDE THE PRODUCT CODE AND ESTIMATED NUMBER OF GALLONS FOR EACH PRODUCT YOU PLAN TO PRODUCE/MANUFACTURE MONTHLY					
PRODUCT CODE	GALLONS	PRODUCT CODE	GALLONS	PRODUCT CODE	GALLONS

SECTION H: SUPPLIER INFORMATION ▶▶ IMPORTANT: ALL SUPPLIERS MUST COMPLETE SECTION N – STORAGE FACILITY INFORMATION

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

1. WILL YOU BE A POSITION HOLDER IN A TERMINAL? NO YES 2. WILL YOU RECEIVE MOTOR FUEL THROUGH A TWO-PARTY EXCHANGE AGREEMENT(S)? NO YES ◀ IF YES, YOU MUST COMPLETE SECTION E – MOTOR FUEL PURCHASE/RECEIPT INFORMATION.

SECTION I: BLENDER INFORMATION

If you will blend petroleum products in West Virginia, you **must** complete this section. Attach additional pages if necessary.

WHAT IS THE ESTIMATED NUMBER OF GALLONS OF TAXABLE MOTOR FUEL YOU WILL BLEND IN A FISCAL YEAR?				TANK CAPACITY (gallons)
1. LOCATION ADDRESS			CITY	STATE ZIP
2. PROVIDE A COMPLETE DESCRIPTION OF YOUR BLENDING OPERATION.				



SECTION J: DISTRIBUTOR INFORMATION

If you are applying for a distributor's license, you must complete this section

- 1. WILL YOU IMPORT MOTOR FUEL/ALTERNATIVE FUEL INTO WEST VIRGINIA FROM A PERMISSIVE SUPPLIER? NO YES ◀ YOU MUST COMPLETE SECTION L – IMPORTER INFORMATION
- 2. WILL YOU EXPORT MOTOR FUEL/ALTERNATIVE FUEL FROM WEST VIRGINIA? NO YES ◀ YOU MUST COMPLETE SECTION K – EXPORTER INFORMATION
- 3. WILL YOU PURCHASE MOTOR FUEL/ALTERNATIVE FUEL FOR RESALE FROM A SUPPLIER OR ANOTHER DISTRIBUTOR? NO YES

SECTION K: EXPORTER INFORMATION (Attach additional pages if necessary.)

If you plan to export motor fuel/alternative fuel from West Virginia, you must complete this section. Attach additional pages if necessary.

- 1. WHAT MODE OF TRANSPORTATION WILL YOU USE TO EXPORT FROM WEST VIRGINIA? (CHECK ALL APPLICABLE BOXES.) TRANSPORT VEHICLE RAILROAD TANK CAR MARINE VESSEL OTHER _____
- 2. WILL YOU PURCHASE MOTOR FUEL/ALTERNATIVE FUEL FROM A LICENSED SUPPLIER AND/OR DISTRIBUTOR? NO YES
- 3. WILL YOU EXPORT MOTOR FUEL/ALTERNATIVE FUEL FROM A BULK PLANT? NO YES
- 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	

SECTION L: IMPORTER INFORMATION

If you plan to import motor fuel/alternative fuel into West Virginia, you must complete this section. To be licensed as an importer, you must obtain a bond. For applicable bond amounts, see instructions.

- 1. WILL YOU IMPORT MOTOR FUEL/ALTERNATIVE FUEL THAT YOU RECEIVE FROM A PERMISSIVE SUPPLIER? NO YES
- 2. WHAT MODE OF TRANSPORTATION WILL YOU USE TO IMPORT INTO WEST VIRGINIA? (CHECK ALL APPLICABLE BOXES.) TRANSPORT VEHICLE RAILROAD TANK CAR MARINE VESSEL OTHER _____
- 3. DO YOU PLAN TO IMPORT MOTOR FUEL/ALTERNATIVE FUEL FROM A BULK PLANT LOCATED IN ANOTHER STATE? NO YES
- 4. LIST THE STATE(S) FROM WHICH YOU PLAN TO IMPORT 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	

SECTION M: MOTOR FUEL TRANSPORTER INFORMATION

If you plan to transport motor fuel/alternative fuel, you must complete this section.

- 1. WILL YOU TRANSPORT MOTOR FUEL/ALTERNATIVE FUEL? (CHECK ALL BOXES THAT APPLY) FOR IMPORT INTO WEST VIRGINIA? FOR EXPORT FROM WEST VIRGINIA FROM POINT TO POINT WITHIN WEST VIRGINIA?
- 2. WHAT MODE OF TRANSPORTATION WILL YOU USE? TRANSPORT VEHICLE RAILROAD TANK CAR MARINE VESSEL OTHER _____

SECTION N: STORAGE FACILITY INFORMATION (Attach additional pages if necessary.)

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

TERMINAL CONTROL # 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)
OWN				
LEASE				



SECTION O: SERVICE STATION/RETAIL OUTLET INFORMATION (Attach additional pages if necessary.)

If you plan to own or lease an alternative fuel and/or motor fuel commercial refueling facility in West Virginia, you must complete this section.

WV ID Number	PHYSICAL LOCATION			PRODUCT CODE	STORAGE CAPACITY (GALLONS)
	Street Address	City	State		
OWN					
LEASE					

SECTION P: BONDING REQUIREMENTS

Check One

- SURETY BOND
 18 MONTHS GOOD FILING STATUS IN LIEU OF BOND
 CASH BOND
 PROOF OF FINANCIAL RESPONSIBILITY
 NO BOND IS REQUIRED. CHECK ONLY IF YOU ARE A PROVIDER OR RETAILER OF ALTERNATIVE FUEL, AN ALTERNATIVE BULK END USER, A TRANSPORTER, A PRODUCER OR A MANUFACTURER OF MOTOR FUELS.

SECTION Q: TAX PRE-COLLECTION AGREEMENT

Permissive Suppliers must complete this section.

I AGREE TO COLLECT THE TAXES DUE TO THE STATE OF WEST VIRGINIA ON MOTOR FUEL THAT HAS WEST VIRGINIA 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
E-MAIL ADDRESS	TELEPHONE NUMBER	FAX NUMBER

SECTION 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 SIGNATURE	PHONE	DATE
PRINT NAME	TITLE	EMAIL ADDRESS

