



# Application for Fuel License

Failure to provide all information requested will delay the processing of your application.

## Send application to:

Wisconsin Department of Revenue (608) 261-6435  
Mail Stop 5-107  
PO Box 8900  
Madison, WI 53708-8900

Department Use Only	
Transporter #	
Date	
Approved By	

## SECTION 1 – All applicants must complete Section 1

Please print or type information below

<b>TYPE OF LICENSE</b> – Check license(s) you are applying for:			
<i>Motor Vehicle Fuel:</i>		<i>Other Fuel Types:</i>	
<input type="checkbox"/> Supplier (position holder at a pipeline terminal location)	<input type="checkbox"/> Restricted Supplier	<input type="checkbox"/> Alternate Fuel Dealer / User (for example: LPG, CNG)	<input type="checkbox"/> General Aviation Fuel Dealer / User (for example: jet turbine fuel, AVGAS)
<input type="checkbox"/> Petroleum Products Shipper (not required if licensed as a motor vehicle fuel supplier)	<input type="checkbox"/> Ethanol or Biodiesel Producer	<input type="checkbox"/> Fuel Transporter Registration	<input type="checkbox"/> Terminal Operator (pipeline terminal location)
1. Legal Name <i>(corporation, limited liability company, partnership or individual)</i>	Federal Employer ID No.	Social Security No. <i>(required if sole proprietorship)</i>	
2. Business Name (DBA) <i>(if different than legal name)</i>	Telephone No.	Business Telephone No.	
3. Business Address <i>(street / route – do not use PO Box)</i>	City or Post Office	State	Zip Code
4. Mailing Address <i>(if different from business address)</i>	City or Post Office	State	Zip Code
5. Business Located In: <i>(check one and indicate county)</i>		In the Wisconsin county of:	
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town       } of _____		_____	
6. Organization <i>(check one)</i>			
1 <input type="checkbox"/> Sole Proprietor	5b <input type="checkbox"/> Governmental Unit <i>(check appropriate box below)</i>		
2 <input type="checkbox"/> Partnership	<input type="checkbox"/> Federal	<input type="checkbox"/> County	
3 <input type="checkbox"/> Wisconsin Corporation Date incorporated: _____	<input type="checkbox"/> Wisconsin State	<input type="checkbox"/> Local	
4 <input type="checkbox"/> Out-of-State Corporation Licensed in WI? <input type="checkbox"/> Yes <input type="checkbox"/> No	6 <input type="checkbox"/> Limited Liability Company – Enter date registered with the Department of Financial Institutions: _____		
5a <input type="checkbox"/> Other <i>(describe)</i> _____	For federal income tax purposes, will the LLC be taxed as a:		
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Single member LLC disregarded as a separate entity	
	<input type="checkbox"/> Corporation		
7. Provide the following information for sole proprietor, all general partners if partnership, all members if a limited liability company, or principal officers of a corporation.			
Name			
Social Security			
Home Address			
City, State and Zip Code			
Title			



**SECTION 2 – All applicants except transporters must complete Section 2**

8. Location(s) to be licensed <i>(attach schedule for more locations)</i>			
Street or Highway Address	City	State and Zip Code	
9. Estimated total monthly fuel tax and petroleum inspection fee liability: \$ _____ Date you wish to begin operations: _____			
10. Where do you maintain your business checking account(s)?	Name of Bank	Bank #1	Bank #2
	Address		
	City, State, Zip Code		
	Account Number(s)		

**SECTION 3 – Only transporter applicants should complete Section 3**

11. Indicate type of carrier: <i>(check one)</i> <input type="checkbox"/> Contract <input type="checkbox"/> Common <input type="checkbox"/> Private			
12. Will you be transporting motor vehicle fuel, alternate fuel, or general aviation fuel across state lines? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," but at some point in the future you begin transporting fuel across state lines, contact the department for requirements for reporting your fuel shipments to the department.			
13. Indicate the date your fuel transporting operations will begin: _____			

**SECTION 4 – Only terminal operator applicants should complete Section 4**

14. IRS Terminal Control Number: _____
--

**SECTION 5 – All applicants must complete Section 5**

15. <b>SIGNATURE OF APPLICANTS.</b> I declare under penalties of law that I have examined this information and to the best of my knowledge and belief, it is true, correct, and complete.	
_____ <i>President of Corporation / Member / Partner / Individual</i> <i>Date</i>	_____ <i>Secretary of Corporation / Member / Partner</i> <i>Date</i>
<b>Note:</b> If a corporation, the application should be signed by the president and secretary; if a partnership or a limited liability company, by at least two of the partners / members.	

Separate instructions (MF-200) are provided for this application. If you misplace your instructions, call us at (608) 261-6435 for a replacement. Our FAX # is (608) 267-1030.