## DEPARTMENT OF REVENUE License Application for Distributors and Special Fuel Dealers

New license application (include \$25 license fee with application) Desired Start Date:\_\_\_\_\_

\_\_\_\_\_ (Month/Year)

Renewal of existing license must be completed electronically v	via e-Services at ww	w.revenue.s	tate.mn.us		
egal Name		Daytime Phone		Minnesota Tax ID Number	
Doing Business As		Federal ID Number			
reet		County		Email	
ity		State	ZIP Code	Fax	
Mailing Address (if different):					
Street		City		State	ZIP Code
Type of Business Individual Partnership	Corporation	Limited	d Liability Company (LLC)	Govern	mental Agency
List corporate officers, partners or members of association (	attach a list for ad		cers):		
Name		Title			
Address		Phone			
Accounting Information:		1			
Fuel Tax Preparer Name		Phone	e Fax		
Address		Email		<u> </u>	
<ul> <li>Qualifiers (check one):</li> <li>Receive petroleum products in Minnesota that are contank truck. Current petroex number and terminal:</li> <li>Produce, manufacture or refine petroleum products in a second s</li></ul>	n Minnesota.			d subsequent	t distribution by tank car or
☐ Import petroleum products into Minnesota by boat, b		-			
Hold a license and perform a function in an adjoining	state equivalent to	that of a di	stributor under Minnesot	a law.	
Enter your license number for each state below		North D	akata		
South Dakota		Wiscons			
Special Fuel Dealer Qualifiers (check one):					
State or Local Government	CNG/LNG	i	Jet Fuel		
Bulk Purchaser. Individual users of tax-free special fuels.					
Filing Method (check one):					
Ukeb and Text Files EDI Files — Software	Provider				
<ul> <li>Under the Minnesota Government Data Practices Act and th</li> <li>This information may be used to deny the issuance or rene</li> <li>Under the Federal Exchange of Information Act, the Depa</li> <li>Failing to supply this information may jeopardize or delay</li> </ul>	ewal of your license rtment of Revenue	if you owe is allowed	the Minnesota Departme to supply this information	ent of Revenue to the Intern	al Revenue Service.
I acknowledge that by becoming licensed as a petroleum distributor/s applicable tax statutes as a condition of my license, and declare that					
Authorized Signature Title		Da	te	Day	/time Phone

Authorized Signature	Title	Date	Daytime Phone

Mail this form to: Minnesota Revenue, Mail Station 3333, St. Paul, MN 55146-3333. Phone: 651-296-0889.