



Motor Fuel Tax License Applicant - General Information
 North Dakota Office of State Tax Commissioner
 SFN 22911 (10-2005)

All information must be complete and accurate - Attach addendum if additional space is needed

Section 1: Business identity

| | | | |
|---|-------|---|------------------|
| Business name | | Federal Employer Identification Number (FEIN) | |
| Corporate or legal name | | | |
| Mailing address (number and street, or post office box) | | | |
| City | State | Zip Code | Telephone Number |
| Street address of business headquarters (if different from mailing address) | | | |
| City | State | Zip Code | |
| Location where business records are kept (if different from address of business headquarters) | | | |
| City | State | Zip Code | |

Section 2: Type of ownership - Check one

Sole owner
 Partnership
 Limited Liability Partnership
 Other
 Corporation
 Limited Partnership
 Limited Liability Co.
 Specify _____

Section 3: Ownership information - Provide information for sole proprietorship, all partners, all members of a limited partnership or a limited liability partnership, principal officers of a corporation, or directors or governors of a limited liability company

| | | | |
|---------------------------------------|-------|------------------------|-------------------|
| Name (Last, first and middle initial) | Title | Social Security Number | Date of Birth |
| Home address (Number and street) | | City | State Zip code |
| Name (Last, first and middle initial) | Title | Social Security Number | Date of Birth |
| Home address (Number and street) | | City | State Zip code |
| Name (Last, first and middle initial) | Title | Social Security Number | Date of Birth |
| Home address (Number and street) | | City | State Zip code |

North Dakota law provides that no foreign corporation or foreign limited liability company may conduct business in this state or obtain any license or permit required by this state until it has procured a certificate of authority from the secretary of state. North Dakota law also provides that no foreign limited partnership or foreign limited liability partnership may conduct business in the state until it has registered with the secretary of state. (Questions regarding certificates of authority and registrations should be directed to the North Dakota Secretary of State at 701-328-4284.)

List the state in which your company is organized

Enter the ID number assigned to your business by the North Dakota Secretary of State or attach a copy of the Certificate of Authority

Section 4: Business status - Check one

New Business
 Purchasing Existing Business
 Change in Organizational Structure (sole ownership to corporation, etc.)
 Change in Ownership

If you are purchasing an existing business, enter the name the business has been operating under

Section 5: Previous address - If the business headquarters moved during the last three years, list the previous addresses (this does not apply if it is a new business)

| | |
|-------------------|----------------|
| Number and Street | City and State |
| Number and Street | City and State |

Section 6: Previous association with motor fuels sales or distribution

Are you now or have you ever been associated with any other individual, company, corporation, limited liability company, partnership, limited partnership, or limited liability partnership, which has or has had an interest in the sale or distribution of motor fuels? Yes ____ No ____ If yes, provide the following information:

| | | | |
|--|-------|-------|----------|
| Name of person to contact | Title | | |
| Name of business | | | |
| Address (Number and Street) | City | State | Zip Code |
| In what capacity were you or are you involved? | | | |

Section 7: Financial statement

Submit a copy of your most recent income statement and statement of assets and liabilities.

Section 8: Financial institutions

| | | | |
|--|-------------|-------|----------|
| Name of your company's financial institution | Account No. | | |
| Address (Number and Street or Post Office Box) | City | State | Zip Code |
| Name of your company's financial institution | Account No. | | |
| Address (Number and Street or Post Office Box) | City | State | Zip Code |

Section 9: Type of licenses - Check the applicable license types

Motor vehicle fuel Special fuel Liquefied petroleum Aviation fuel

Section 10: Names and titles of contact persons such as managers, accountants, tax return preparers

| | | |
|------|-------|---------------|
| Name | Title | Telephone No. |
| Name | Title | Telephone No. |
| Name | Title | Telephone No. |

Section 11: Authorized signature

I declare under the penalties of North Dakota Century Code § 12.1-11-02, which provides for a Class A misdemeanor for making a false statement in a governmental matter, that this general information statement has been examined by me and to the best of my knowledge and belief is complete, correct, and true.

| | | |
|---|-------|--|
| Name of owner or authorized officer (print or type) | Title | |
| Signature of owner or authorized officer | Date | |