

STATE OF RHODE ISLAND
DEPARTMENT OF ADMINISTRATION
DIVISION OF TAXATION
EXCISE TAX SECTION
ONE CAPITOL HILL, PROVIDENCE, RI 02908

APPLICATION FOR DISTRIBUTOR REGISTRATION CERTIFICATE

Application is hereby made for registration as a Distributor of Motor Fuels in the State of Rhode Island, in accordance with the provisions of Chapter 36 of Title 31, 1956, as amended.

1. Name of Applicant _____
(NAME IN WHICH LICENSE IS TO BE ISSUED)

2. Address of Home Office _____
(STREET and NUMBER)

(CITY OR TOWN, COUNTY, STATE & ZIP CODE)

3. Address of Principal Office in this State _____

4. State if Individual or Partnership _____

5. Give name(s) and address(es) of each owner:

Owner's Name:	Address:	Social Security #:

6. If corporation, give name of State in which incorporated _____

7. If corporation, give EIN#: _____

8. If corporation, give names and addresses of the following officers:

Officers:	Name:	Address:	Social Security #:
President			
Vice-President			
Secretary			
Treasurer			

9. Give name, title and address of Agent in Rhode Island on whom service may be made:

10. State manner in which fuels will be obtained (importation from, manufactured at, etc.) _____

11. List of Rhode Island suppliers:

12. Give storage capacity: Gasoline _____ Diesel _____
Other Fuels _____

13. Location of storage tanks _____

The undersigned hereby certifies that the information given on this form is true, correct and complete to the best of his knowledge and belief.

Date _____ 19 ____ Name of Applicant _____

By _____

Official Position _____

Telephone Number _____

The following must accompany this application:

1. the company's most current certified and unqualified financial statement;
2. a copy of IRS Form 637 Registration;
3. a copy of motor fuel distributor's licenses (gasoline and special fuels) issued by the applicant's home state.

FOR OFFICE USE ONLY
Approved By: _____
Date Issued: _____
Registration Number: _____