Print Form

SUFFOLK COUNTY DEPARTMENT OF CONSUMER AFFAIRS

MOTOR FUEL DISTRIBUTOR REGISTRATION

1. Business Name: _____

2. Address: _____ Phone: _____
Enter as: ### ###-####

3. If your business is not located in Suffolk County, please indicate the address of your local office:

_____ Phone: _____
Enter as: ### ###-####

4. Name of the person to be contacted concerning the operation of your company in Suffolk County:

_____

5. If the applicant has any of the following, please indicate the number:

NYS DOT Common Carrier Certificate #: _____ NYS Tax Identification #: _____

NYS Motor Fuel Tax Registration #: _____

6. Type of business (Terminal, Operator, Broker, Transporter, Etc.):

_____

7. Form of Business (select one): Individual proprietorship __ Partnership __

Individual proprietorship operating under a d/b/a or assumed name __

Corporation incorporated under New York State Law __ Foreign Corporation incorporated under the laws of _____
(State)

8. If a partnership, please list names and addresses of principals:

Name: _____ Address _____

Name: _____ Address _____

Name: _____ Address _____

9. If a corporation, please list names and addresses of officers:

President: _____ Address _____

Vice-Pres: _____ Address _____

Secy.: _____ Address _____

Treas.: _____ Address _____

10. What petroleum products are distributed, transported or sold by you?

☐ Gasoline ☐ Diesel Fuel ☐ Special Fuels ☐ Aviation Fuel

☐ Other (please specify) _____

11. From which terminals do you pick up products which you distribute, sell, transport, etc.?

Name of location _____ Address _____

Name of location _____ Address _____

IF THERE ARE MORE LOCATIONS, PLEASE ATTACH A LIST TO THIS APPLICATION.

12. Do you own any vehicles that are used to transport gasoline within Suffolk County? Yes __ No __

If YES, please attach a list of any vehicles that are owned by the applicant and are used to transport gasoline within Suffolk County, with a copy of the DMV registrations. Suffolk County Law requires the posting of a decal on the outside of all such vehicles.

DECLARATION (To be completed by applicant)
I declare under penalties of the Penal Law, that I prepared this application and that the statements contained therein are, to the best of my knowledge and belief, true and correct and that I have not knowingly and willfully made a false statement or given information which I know to be false in connection therewith.

Signed_____ Date_____

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