

**COUNTY OF SUFFOLK**



**STEVE LEVY**  
SUFFOLK COUNTY EXECUTIVE

Denis J McElligott, Commissioner

Department of Consumer Affairs  
Bureau of Weights & Measures

**MOTOR FUELS FACILITIES APPLICATION FOR CERTIFICATE OF REGISTRATION**

- 1. Business Name \_\_\_\_\_  
If Corporation, DBA \_\_\_\_\_
- 2. Street Address \_\_\_\_\_  
Cross Street, if any \_\_\_\_\_
- 3. Town \_\_\_\_\_
- 4. Owner(s)/President \_\_\_\_\_
- 5. Business Phone \_\_\_\_\_
- 6. Address of Main Business Office if other than above:  
\_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_
- 7. Brand of gasoline dispensed (if unbranded, mark none) \_\_\_\_\_
- 8. New York State Sales Tax Identification # \_\_\_\_\_

NOTICE: THIS CERTIFICATE IS ISSUED TO THE ABOVE-NAMED BUSINESS ONLY. IT IS NON-TRANSFERABLE TO ANY OTHER BUSINESS OR TO ANY OTHER LOCATION. THIS CERTIFICATE MUST BE KEPT ON THE BUSINESS PREMISES DESCRIBED ABOVE AND BE AVAILABLE FOR INSPECTION BY AUTHORIZED EMPLOYEES OF THE SUFFOLK COUNTY BUREAU OF WEIGHTS & MEASURES DURING THE COURSE OF ALL HOURS OF OPERATION.

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 \_\_\_\_\_