LICENSE NUMBER: _____

FOR DEPARTMENT USE ONLY

STATE OF DELAWARE DEPARTMENT OF TRANSPORTATION MOTOR FUEL TAX ADMINISTRATION P. O. DRAWER E DOVER, DE 19903-1565

| FOR DEPARTMENT USE ONLY | | | |
|-------------------------|--|--|--|
| FEE \$10.00 | | | |
| YEAR ENDING: JUNE 30, | | | |

| APPLICATION FOR MOTOR FUEL DISTRIBUTOR LICENSE | | | | | |
|--|---|---|-----------------------------|----------|------------|
| Ple | Please check the appropriate box: New application Renewal application | | | | |
| | PLEASE NOTE: ALL QUESTIONS MUST BE ANSWERED AND NECESSARY ADDITIONAL DOCUMENTATION ATTACHED TO PROCESS THIS LICENSE APPLICATION. PLEASE PRINT ALL ANSWERS CLEARLY. | | | | |
| 1. | Legal name of applicant: | | | | |
| 2. | Trade name, if different from | legal name: | | | |
| 3. | Primary physical business loc | cation address (Not P.O. Box): | | | |
| | Street: | City: | | State: | Zip Code: |
| 4. | Mailing address (if different f | from business location): City: | | State: | Zip Code: |
| 5. | Location of records (if difference Street: | ent from business location): City: | | State: | Zip Code: |
| 6. | Federal employer identification | on number or individual proprietor' | s SSN: | | |
| 7. | Telephone number: | | Fax number: | | |
| 8. | If we have questions regardin Name: | ng this application, who should we determined | contact? Telephone number: | | |
| 9. | 9. Business type: (check one) Individual Corporation General Partnership Limited Partnership Limited Liability Company S Corporation | | | | |
| 10. | 10. If the applicant business is incorporated under the laws of another state, please attach a certified copy of the certificate issued by the Delaware Secretary of State showing that the corporation is authorized to transact business in Delaware. | | | | |
| 11. | 1. If individual, give proprietor name, address, & SSN. If partnership, give name, address, & SSN of each partner. If corporation, give names, titles, addresses, & SSN's of corporate officers (President, Vice President, Secretary, Treasurer) | | | | |
| | Name/Title | <u>Address</u> | | Social S | Security # |
| | | | | | |

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| 12. Has the applicant ever applied for a Delaware Distributor license in the past? Yes No If yes, please specify which calendar year: | | | | |
|--|--|----------|--|--|
| 13. Has the applicant's individual partners or corporate officers ever applied for a Delaware Distributor license in the past? Yes No N/A If yes, under what name: Please specify which calendar year: Please specify which calendar year: | | | | |
| 14. Does the applicant operate only in Delaware? Yes No No | Date business started in Delaware: | | | |
| | MONTH DAY YEAR | | | |
| 15. List below each location that is owned and/or leased by the applicant within Delaware, and identify status ("O" for Owned, "L" for Leased). Please classify each location as Manufacturer/Refinery, Wholesale Distribution Plant, or Retail Facility. Use the letter "M" for Manufacturer/Refinery, "W" for Wholesale Distribution Plant, and "R" for Retail. Please note that more than one letter may be used for each location. In addition, please classify the shipment method of each location as: Own Vehicle, Pipeline, Barge, Vessel, Or Common Carrier (for retail-only locations, indicate "N/A" for Distribution). | | | | |
| OWNERSHIP LOCATION PHYSICAL LOCATION OF PROPERTY STATUS LETTER (STREET, CITY) | INDICATE SHIPMENT METHOD: STORAGE SECEIPTS DISTRIBUTION CAPACITY | ЗE | | |
| | | <u> </u> | | |
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| 16. What type of fuel business does the applicant operate in Delaware? Chec | ck all that apply: | | | |
| | AVIATION | | | |
| GASOLINE | GASOLINE | | | |
| Refinery/Manufacturing Terminal rack sales Tank wagon sales to residential & commercial accts. Transport sales to residential & commercial accts. Company owned retail service stations Sales to commissioned/consignment retail stations Exchange agreement transactions Other: | | | | |
| 17. Will the applicant be importing gasoline and/or aviation gasoline into Delaware? Yes No | | | | |
| If yes, will the applicant be hiring a common carrier to import the product? Yes No | | | | |
| If yes, please list the name, federal identification number, and telephone number of the common carrier: | | | | |
| <u>Carrier Name</u> <u>FEI Number</u> | Telephone Number | | | |
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| | number in that state: | | | | | |
|-------------------|---|--|--|---|--------------------|-------------------------|
| | number in that state. | State Name | | License Nun | <u>mber</u> | |
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| 19. | List the states to which license number in that | | will export gasoline and | /or aviation gasoline from D | Delaware supply po | ints, & the applicant's |
| | | State Name | | License Nun | <u>mber</u> | |
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| | | | <u> </u> | | | |
| 20. | | | | ge partners, which only affect age if more space is require | d: | |
| | | | | | Type of Re | lationship Exchange |
| | Company Name | <u> </u> | Shipping Point | Shipping Dest. | Supplier | Partner |
| | | • | <u> </u> | | <u></u> | |
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| 21 | Indicate the number of | | | | | |
| 21. | Indicate the number of | | tations operated by the | | | |
| | | of retail service s | | applicant in Delaware | | |
| | | of retail service s | tations operated by the | applicant in Delaware | | |
| 22. | Estimate the number of | of retail service s | tations operated by the | applicant in Delaware | | |
| 22. | Estimate the number of Does the applicant tra | of retail service sof retail service sonsport gasoline s | tations operated by the stations the applicant su | applicant in Delaware | | |
| 22. 23. 24. | Does the applicant tra Does the applicant ha If yes, please estimate | of retail service some solution of retail service solutions and the solution of the solution o | stations operated by the stations the applicant su | applicant in Delaware pplies in Delaware e for hire in Delaware? Yes | | |

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| | Taxable Gasoline | Taxable Aviation Gas |
|--|----------------------------------|--|
| Average Gallons Per Month - Sales | Gasonne | Aviation Gas |
| Average Gallons Per Month - Use | | |
| Average Total Gallons - Sales & Use | | |
| 26. Please record the date that the applicant began using | g and/or selling taxable gaso | line in Delaware. |
| 27. Does this application involve a change in the comparing If yes, list the previous name and number. Company name | any's legal name or federal i | dentification number? Yes \[\] No \[\] |
| Federal employer identification number | er or social security number: | |
| 28. Does the application involve the takeover and continuing If yes, list the following: Company name | nuation of another business? | Yes No No |
| Federal employer identification number | er or social security number: | |
| 29. Have all persons responsible for reportable fuel actithese persons understand its provisions? Yes No. | | x Law (Chap. 51, Title 30, DE. Code) and do |
| 30. Have any individuals identified in Item 11 of this ap Please provide copies of the criminal history record sentencing provision. Please note that a "Yes" response | ls that detail the nature of the | e felony and the current status of any related |
| Before signing, please read the following statement care rejection of application, or revocation of license (if licen | | |
| I (we), certify under penalty provided by law, that the stacorrect, and complete to the best of my knowledge and be | | mation furnished in this application are true, |
| Authorized Name (Please Print) | Authorized Signature | : |
| Authorized Individual Title | Date of Application | |

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