

Mail Drop 521M Fuel Tax Licensing Unit Motor Vehicle Division PO Box 2100 Phoenix AZ 85001-2100

USE FUEL VENDOR LICENSE APPLICATION

If licensing more than one location, fill out additional applications.

License Type (check all that apply) Uvendor Vendor – Branch (\$5)	MVD Accour	nt Number (v	endor ac	counts)		cation Info		7 Evicti	ng Locat	ion
Business Type						INEW LOC	ation t	J EXISTI	ng Locat	.1011
	orporation	☐ Govern	mont	□ LLC		☐ Othe	or:			
Company Name	orporation	D Govern	mem	D LLC			Federal	FIN *		
Company Name							, odorai	2		
Doing Business As (DBA)										
Doing Basinoss 7 to (BB71)										
Physical Street Address (no PO Box)		City			State	Zip		Phone		
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Mailing Address (if different from above)				City				State	Zip	
,										
Contact Person Name (first, middle, last, suffix	x)		Title				Phone			
	•						()		
Address Where Records Will Be Maintained			<u> </u>	City			<u> </u>	State	Zip	
				,						
Statutory agent designated i Statutory Agent Name (first, middle, last, suff		es of Incorp	oration	Organiz	ation (n	nust be a	n Arizona	a reside	nt)	
Street Address				City				State	Zip	
Mailing Address (if different from above)				City				State	Zip	
Applicants: Sole Proprietor, Partn	er, Officer,	Director, M	ember.	If more	space is	needed,	attach s	separate	listing.	
Applicant Name (first, middle, last, suffix)		Title				Driver L	icense Nu	umber		State
Residence Address		City			Sta	e Zip		Home	Phone	L
								()	
Applicant Name		Title			I	Driver L	icense Nu	umber		State
Residence Address		City			Sta	e Zip		Home	Phone	L
								()	
Applicant Name		Title			I	Driver L	icense Nu	umber		State
Residence Address		City			Stat	e Zip		Home	Phone	
								()	
☐ Yes ☐ No Has any applicant on this that has held or now hol				-	-	ner, mem	ber or of	ficer of	another	entity
Name		ense Type		, 50,00			Δrize	na Tax A	Account N	Jumber
							7.120	a rux r	.socurit I	
☐ Yes ☐ No Has any applicant on this that has had an Arizona							ber or of	ficer of	another	entity
Name		ense Type					Arizo	na Tax A	Account N	lumber

^{*} Provide a copy of Internal Revenue Service (IRS) LTR 147C or any other tax document from the IRS to verify your federal Employer Identification Number (EIN).

_		ers (Pumps) At This Loca		D: 1:		Б.			
Gas	_ Diese	el Dyed Dies	eı	Blodle	esei	Racing	AVI	ation	
List only	diesel or bio	diesel or dyed diesel p	oumps wi	th the app	ropriate	e tax rate.			
Гах Rate	Fuel Type	Pump #	Tax Rate	Fuel Ty	ре	Pump #	Tax Rate	Fuel Type	Pump #
Tax Rate	Fuel Type	Pump #	Tax Rate	Fuel Ty	pe	Pump #	Tax Rate	Fuel Type	Pump #
Tax Rate	Fuel Type	Pump #	Tax Rate	Fuel Ty	pe	Pump #	Tax Rate	Fuel Type	Pump #
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Tax Rate	Fuel Type	Pump #	Tax Rate	Fuel Ty	pe	Pump #	Tax Rate	Fuel Type	Pump #
Tax Rate	Fuel Type	Pump #	Tax Rate	Fuel Ty	ре	Pump #	Tax Rate	Fuel Type	Pump #
ndicate r		labeled with decals is ecal labels requested. C/gal Labels Requested.			ntifying	g the tax rate i	ncluded in t	he price of	fuel at that pum
Indicate r	number of de	ecal labels requested. ¢/gal Labels Reque	sted @ 26	¢/gal					fuel at that pum
Indicate r Labels Red	number of de quested @ 184	ecal labels requested. ¢/gal Labels Reque	sted @ 26	¢/gal liesel sal	es rec	eipt must be	e attached		
will prov agree to	number of de quested @ 184 ride a sales ro o comply wents, and po	C/gal Labels Reques A sample o	of your of the of Statutes signage	liesel saluse fuel and in collection disclose	es record retaining the ethe A	e eipt must be In a copy of the In appropriate to	e attached receipt in m ax rate, ven el tax rate.	y files for a dor claim I agree to	at least 3 years. filing, vendor lead submit to MVD
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