



STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE

**APPLICATION FOR MOTOR FUEL LICENSE**

**L-2045**

(Rev. 5/31/01)

4107

I hereby make application for the following license (Check one):

ALL FEES ARE ONE-TIME FEES.

- Supplier (\$2000.00 Fee) 01
- Permissive Supplier (\$100.00 Fee) 02
- Terminal Operator (\$300.00 Fee) 03
- Exporter (\$100.00 Fee) 04
- Transporter (\$50.00 Fee) 05
- Occasional Importer (\$500.00 Fee) 06
- Bonded Importer (\$2000.00 Fee) 07
- Tankwagon Operator Importer (\$50.00 Fee) 08
- Fuel Vendor (\$50.00 Fee) 09
- Fuel Vendor Blender (No Fee) 10
- Miscellaneous (No Fee) 11
- Out of State Terminal Operator (No Fee) 12

For Office Use Only	
SID Number	
File Number	
Open Date	
License Fee	
34-2305	

PLEASE PRINT OR TYPE ALL INFORMATION

OWNER, PARTNERSHIP, OR CORPORATION CHARTER NAME		TRADE NAME (DOING BUSINESS AS)	
<b>PHYSICAL LOCATION OF BUSINESS REQUIRED (NO P.O. BOX)</b>  _____ STREET  CITY <b>COUNTY</b> (REQUIRED)                      STATE                      ZIP		BUSINESS PHONE NUMBER	DAYTIME PHONE NUMBER
		FEDERAL IDENTIFICATION NUMBER	
		S.C. SALES TAX NUMBER	
		Do You Sell Taxable Dyed Fuels? <input type="checkbox"/> YES <input type="checkbox"/> NO	
MAILING ADDRESS (FOR ALL CORRESPONDENCE)  _____ IN CARE OF  _____ STREET  CITY <b>COUNTY</b> (REQUIRED)                      STATE                      ZIP		IRS TERMINAL NO. (Terminal Operators Only)	
		Do You Blend Taxable and Non-Taxable Product? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		Do you Bill in Net or Gross Gallons? Check one: <input type="checkbox"/> Net <input type="checkbox"/> Gross	
<b>TYPE OF OWNERSHIP</b> <input type="checkbox"/> SOLE PROPRIETOR (ONE OWNER) <input type="checkbox"/> LLC/LLP <input type="checkbox"/> PARTNERSHIP (TWO OR MORE OWNERS) <input type="checkbox"/> UNINCORPORATED ASSOCIATION; ENTER LEGAL NAME _____ <input type="checkbox"/> OTHER (EXPLAIN) _____ <input type="checkbox"/> SC CORPORATION DATE INC _____ <input type="checkbox"/> FOREIGN CORPORATION (Attach copy of article or certificate of authority.) _____			

NAME(S) OF BUSINESS OWNER, PARTNERS, OR OFFICERS: (Attach additional pages if needed)

SOCIAL SECURITY NUMBER	NAME/TITLE	HOME ADDRESS	IF PARTNER PERCENT OWNED

For Office Use Only			
License Code _____	Report Code _____	Fee Amount _____	Bond Amount _____
Eligible Purchaser Status _____ Approved By: _____			

**30 DAYS ARE REQUIRED FOR PROCESSING A LICENSE APPLICATION**

**IMPORTANT - THE BACK OF THE APPLICATION MUST BE COMPLETED AND SIGNED.**

**INDICATE S.C. ANTICIPATED MONTHLY SALES IN GALLONS BELOW.**

WHOLESALE

RETAIL

Gasoline (gals.)  
 Diesel Fuel (gals.)  
 Kerosene (gals.)  
 L.P. Gas (gals.)

**UNITED STATES GOVERNMENT CONTRACT NUMBER** (If any) - \_\_\_\_\_

**INDICATE ANTICIPATED MONTHLY EXPORTS IN GALLONS BELOW.**

GASOLINE

DIESEL

KEROSENE

L.P. GAS

**STATES TO WHICH YOU EXPORT:** \_\_\_\_\_

**INDICATE ANTICIPATED MONTHLY IMPORTS IN GALLONS BELOW.**

GASOLINE

DIESEL

KEROSENE

L.P. GAS

States in which title of fuel will transfer to you - \_\_\_\_\_

**LIST YOUR PRIMARY SUPPLIERS BELOW.**

NAME

TERMINAL LOCATION

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**LIST YOUR RETAIL OUTLETS BELOW.**

LOCATION

RETAIL SALES TAX NUMBER

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**ADDITIONAL INFORMATION**

- 1) A. Do you haul your product by: ( ) Private Carrier ( ) Common Carrier ( ) Pipeline  
 B. If by Common Carrier or Pipeline, please list. \_\_\_\_\_
- 2) A. Do you have any interest in another fuel company?  Yes  No  
 B. If yes, please specify. \_\_\_\_\_ Address: \_\_\_\_\_  
 C. License Number \_\_\_\_\_ FEI Number \_\_\_\_\_
- 3) States licensed to do business in \_\_\_\_\_
- 4) A. Are you registered under Section 4101 of the Internal Revenue Code?  Yes  No  
 B. Registration Number \_\_\_\_\_

**Social Security Privacy Act**

It is mandatory that you provide your social security number on this tax form. 42 U.S.C 405(c)(2)(C)(i) permits a state to use an individual's social security number as means of identification in administration of any tax. SC Regulation 117-1 mandates that any person required to make a return to the SC Department of Revenue shall provide identifying numbers, as prescribed, for securing proper identification. Your social security number is used for identification purposes.

When signing this form, it is important that the information contained in your report be correct and complete. To wilfully furnish a false or fraudulent statement to the Department is a crime.

Signature

Title

Date

Mail this application to SC Department of Revenue, License Tax, Columbia, S.C. 29214-0139.  
 For Assistance call (803) 898-5743.