



Renewal Application for Florida Fuel/Pollutants License

DR-156R
R. XX/XX

Rule 12B-5.150
Florida Administrative Code
Effective XX/XX

General Information

For Office Use Only	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Initials _____	Date _____

Who must renew?

Any business who has a retailer of natural gas, wholesaler, importer, exporter, terminal operator, terminal supplier, carrier, blender, air carrier, or pollutants license must apply for renewal.

What does the renewal license cost?

A registration fee is not required to obtain a fuel or pollutants license.

Where do I file this application?

Mail this signed and notarized application to:
Account Management - Fuel Unit MS 1-5730
Florida Department of Revenue
5050 W. Tennessee St.
Tallahassee, Florida 32399-0160.

When is the renewal application due?

A completed application should be mailed to the Department of Revenue **immediately**.

How much time is required to process a renewal application?

All renewal applications received and approved on or before November 30th, will be processed and mailed prior to the December 31st expiration.

When do I need to contact the Department of Revenue?

If you:

- Change or add licensed business activities.
- Move.
- Close your business.
- Need assistance.

Reminder!

- Most licensees are also required to maintain a bond in an amount equal to three times the monthly tax liability.
- Tax returns must be filed monthly, even if no tax was collected.

How do I contact the Florida Department of Revenue?

You may write us at the address listed on this page. Once you receive your license number, include it on any written correspondence. All applications must be mailed or delivered directly to the Account Management Fuel Unit in Tallahassee.

To speak with a Department of Revenue representative, call Taxpayer Services at 850-488-6800, Monday through Friday, excluding holidays.

Your Current License Expires on December 31 of the Current Year.

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This application must be completed in its entirety along with the appropriate attachments and be approved by the Florida Department of Revenue prior to December 31st. **WARNING: It is a third-degree felony to operate without a license.**

1. **Federal employer identification number (FEIN)** FEIN: -
or

Social security number (SSN), if FEIN is not available SSN: - -

2. Business Name _____ Phone number _____

3. Trade name, DBA or AKA _____ Fax number _____

4. Contact person _____ Phone number _____ Ext. _____

5. Contact Email Address _____

6. Type and legal organization: (Please check only one)

A) ☐ Corporation (check one): ☐ C Corp ☐ S Corp *If corporation, check any of the appropriate boxes that apply:*

☐ Publicly held corporation * ☐ Privately held corporation ☐ Wholly owned subsidiary of a publicly held corporation

B) ☐ Partnership (check one): ☐ General ☐ Limited ☐ Joint Venture

C) ☐ Limited liability company (check one): ☐ Single member ☐ Multi-member

☐ check here if you elected to be treated as a corporation for federal income tax puposes

D) ☐ Individual/Sole Proprietorship

E) ☐ Business Trust

F) ☐ Governmental Agency

* Publicly held corporations must attach Federal Form 10K or the most recent annual report documenting publicly held status.

7. Principal business location address: (cannot be a post office box) _____

City _____ County _____ State _____ ZIP _____

Country _____ Foreign postal code _____

8. **Please check each box that applies to your business activity.**

☐ Wholesaler ☐ Terminal Supplier ☐ Private Carrier ☐ Common Carrier

☐ Air Carrier ☐ Exporter ☐ Terminal Operator ☐ Blender

☐ Importer ☐ Pollutants ☐ Retailer of Natural Gas

9. A) If you are a terminal operator, have you changed the location of or added any terminals? ☐ YES ☐ NO

B) If **"YES,"** state the number of terminals: _____ and complete the following information for each terminal location address you operate. Attach additional sheets if necessary.

Terminal Location

Address _____

City _____ State _____ ZIP _____

Phone Number _____

Terminal Location

Address _____

City _____ State _____ ZIP _____

Phone Number _____

Terminal Location

Address _____

City _____ State _____ ZIP _____

Phone Number _____

Address where business records are maintained (cannot be a post office box)

10. Street address _____
City _____ County _____ State _____ ZIP _____
Country _____ Foreign postal code _____

11. Mailing address _____
City _____ County _____ State _____ ZIP _____
Country _____ Foreign postal code _____

12. Parent corporation information (if applicable)

Parent corporation FEIN -

Phone number _____ Ext. _____

Parent corporation name _____

Parent corporation address _____

Answer all questions. DO NOT leave any blank.

13. **Owner, partner, officer information**

List the primary owner or corporate officer first. Enter the name, social security number, home address and telephone number of the owners, partners or corporate officers. Persons listed below who have not previously undergone a background check must have one completed.

Applicants requesting a terminal supplier, importer, pollutants, exporter, blender, carrier, terminal operator, wholesaler or retailer of natural gas fuels license must undergo a background check conducted by the Florida Department of Law Enforcement (FDLE), the Federal Bureau of Investigations (FBI), and the Department of Revenue.

You must bring two forms of identification when you get your fingerprints scanned. One ID must have your picture and signature, such as a driver license, state identification card or passport. You will also provide personal information such as your full name, address, and social security number for the FBI to conduct the background investigation.

You are responsible for paying all fees.

A) Name _____ SSN - - (Individual)

Home address _____ FEIN - (Business)

City _____ County _____ State _____ ZIP _____

Country _____ Foreign postal code _____ Phone Number _____ Ext. _____

Corporate or business title _____ Interest/Ownership _____ %

B) Name _____ SSN - - (Individual)

Home address _____ FEIN - (Business)

City _____ County _____ State _____ ZIP _____

Country _____ Foreign postal code _____ Phone Number _____ Ext. _____

Corporate or business title _____ Interest/Ownership _____ %

C) Name _____ SSN - - (Individual)

Home address _____ FEIN - (Business)

City _____ County _____ State _____ ZIP _____

Country _____ Foreign postal code _____ Phone Number _____ Ext. _____

Corporate or business title _____ Interest/Ownership _____ %

D) Name _____ SSN -- (Individual)
 Home address _____ FEIN - (Business)
 City _____ County _____ State _____ ZIP _____
 Country _____ Foreign postal code _____ Phone Number _____ Ext. _____
 Corporate or business title _____ Interest/Ownership _____ %

NOTE: Social security numbers (SSNs) are used by the Florida Department of Revenue as unique identifiers for the administration of Florida's taxes. SSNs obtained for tax administration purposes are confidential under sections 213.053 and 119.071, Florida Statutes, and not subject to disclosure as public records. Collection of your SSN is authorized under state and federal law. Visit our Internet site at www.floridarevenue.com and select "Privacy Notice" for more information regarding the state and federal law governing the collection, use, or release of SSNs, including authorized exceptions.

14. Private carriers only

List all vehicles added to your fleet that currently do not have cab cards.

Make/Model	Year	Vehicle ID Number	Tank Capacity (in gallons)

15. Fuel storage information

- A) Do you have a through-put agreement?.....☐ YES ☐ NO
 B) Do you deliver fuel directly to retail locations?☐ YES ☐ NO
 C) Do you own, operate or lease any bulk storage tanks in Florida?☐ YES ☐ NO
 If "YES" to C, list all below and indicate whether it is owned or leased:

Tank Capacity (in Gallons)	*DEP Number	Physical Location (Address)	Own/Lease
* "DEP Number" means the facility identification number assigned by the Florida Department of Environmental Protection to your location. DEP numbers are not assigned to Natural Gas dealers. (If necessary, attach a separate sheet.)			

16. Pollutants storage information

Will this business produce, import, or remove petroleum pollutants through a terminal rack in this state? ☐ YES ☐ NO

If "YES" (check appropriate box(es)):

- ☐ Produce ☐ Import or cause to be imported (into Florida) ☐ Export
- ☐ Be entitled to a refund on the following taxable pollutants:
- ☐ Petroleum products ☐ Ammonia ☐ Pesticides ☐ Chlorine
- ☐ Motor oil or other lubricants ☐ Crude Oil ☐ Solvents ☐ Perchloroethylene
- ☐ Other (specify) _____

List the type of pollutant, location of storage facility, and estimated volume of taxable units imported, produced, or sold in Florida.

Type of Pollutant	Location of Storage Facility	Taxable Units

17. Bond information

The license categories shown below usually require a bond. A wholesaler who has no import or export activity that sells only undyed diesel fuel and that is not authorized by the Department to remit fuel tax to its supplier is not required to have a bond. An applicant applying for a pollutants tax license for the sole purpose of applying for refunds pursuant to section 206.9942, F.S., of tax-paid pollutants is not required to post a bond. Please list the information on the bonds your business currently has secured.

Bond Type	Bond Company Name	Bond Company FEIN	Bond Number	Bond Amount
Motor Fuel				
Diesel Fuel				
Aviation Fuel				
Importer's Bond				
Exporter's Bond				
Pollutants				

18. List all suppliers of pollutants.

Name of Supplier	License Number

Licensing Information

19. Do you wholesale motor, diesel or aviation fuel? _____ ☐ YES ☐ NO
20. A) Are you registered to collect and/or remit sales tax? ☐ YES ☐ NO
- B) If "YES," what is your sales tax registration number? _____
21. Will this business import fuels into Florida upon which there has been no prior collection of tax? ☐ YES ☐ NO
22. Do you blend untaxed products for use as motor fuel, diesel fuel or aviation fuel? ☐ YES ☐ NO

23. A) Do you transport petroleum products either for yourself or for hire?☐ YES ☐ NO
B) If "YES," what mode of transportation do you use? ☐ Truck ☐ Rail ☐ Vessel ☐ Pipeline
24. Do you export fuels from this state other than by bulk transfer?☐ YES ☐ NO
25. Do your business transactions involve the bulk storage and transfer of taxable motor, diesel or aviation fuels?.....☐ YES ☐ NO
26. A) Are you registered as a Position Holder under §4101 of the Internal Revenue Code for transactions involving the storage and transfer of motor and/or diesel fuel(s)?☐ YES ☐ NO
B) If "YES," what is your Federal Fuel Registration Number?
27. If you are applying for a Wholesaler License renewal, do you request authority to make deferred fuel tax payments to your supplier by electronic funds transfer (EFT)?☐ YES ☐ NO
28. Do you have any other outstanding tax liability with the Department of Revenue?☐ YES ☐ NO
29. Have you or other owners, officers, directors, or stockholders with a controlling interest, been convicted of, or entered a plea of guilty or nolo contendere to, a felony committed against the laws of any state or of the United States?.....☐ YES ☐ NO
30. Do you produce biodiesel from vegetable or animal fats?☐ YES ☐ NO
31. Do you import biodiesel fuel to Florida?☐ YES ☐ NO
32. Do you blend biodiesel fuel with petroleum diesel?☐ YES ☐ NO
33. Do you sell biodiesel fuel or biodiesel blends?☐ YES ☐ NO
34. Do you sell aviation fuel at retail for any purpose other than directly into the fuel tank of an airplane?....☐ YES ☐ NO
35. A) Do you own or operate retail stations that sell gasoline, diesel fuel, or aviation fuel posted at retail prices?☐ YES ☐ NO
B) If YES, how many locations do you own or operate?
36. Do you receive tax free aviation fuel under U.S. Custom☐ YES ☐ NO
If YES, enter the number of gallons received each month
37. Do you sell natural gas at retail for use in a motor vehicle?.....☐ YES ☐ NO

Affidavit of Applicant(s)

I, the undersigned individual(s), or if a corporation for itself, its officers, and directors, hereby swear or affirm under penalty of perjury as provided in section 837.06, Florida Statutes, that I am duly authorized to make the foregoing application and that the application and all attachments are true and correct representation(s) of the premises to be licensed. If licensed, I agree that the place of business may be inspected and searched, during business hours or at any time business is being conducted on the premises, by officials and agents of the Department of Revenue for the purposes of determining compliance with Chapter 206, F.S.

Sworn to (or affirmed) and subscribed before me

State of _____ County of _____ this _____ day of _____, _____.

Signature of Applicant

Signature of Notary Public

Print or Type Applicant's Name

Print, Type or Stamp Name of Notary

Personally Known _____ or Produced Identification _____
Type of Identification Produced _____

WARNING:

Read carefully: This instrument is a sworn document. False answers could result in criminal prosecution subject to fine and/or imprisonment and denial of your application.