

**APPLICATION FOR  
MOTOR VEHICLE FUEL DEALER LICENSE  
CITY OF SISTERS, OREGON**

CITY OF SISTERS  
FINANCE DEPARTMENT  
P.O. BOX 39  
SISTERS OR 97759  
(541) 549-6022

**INSTRUCTIONS:** COMPLETE ALL PAGES OF THIS FORM. PRINT OR TYPE ALL INFORMATION AND ATTACH EXTRA SHEETS IF NECESSARY.

**APPLICATION IS HEREBY MADE FOR A MOTOR VEHICLE FUEL DEALER LICENSE IN  
THE CITY OF SISTERS, OREGON. THIS IS REQUIRED TO COMPLY WITH ORDINANCE 388**

**Part 1. Identifying Information**

1. Type of Ownership:  Proprietorship  C Corp  S Corp  Partnership  Limited Partnership (LP)  
 Limited Liability Partnership (LLP)  Limited Liability Company (LLC)  Other(identify) \_\_\_\_\_  
If a corporation, State of Incorporation: \_\_\_\_\_ Date Incorporated: \_\_\_\_\_ Corporate Number \_\_\_\_\_  
If an LLC, State of Organization: \_\_\_\_\_ Date Organized: \_\_\_\_\_ LLC Number: \_\_\_\_\_  
If a partnership / LP / LLP, State of Organization: \_\_\_\_\_ Date Organized: \_\_\_\_\_

2. Legal Name: \_\_\_\_\_ 3. Trade Name (DBA) \_\_\_\_\_

4. Business Location: Street \_\_\_\_\_  
(Not PO Box Number) City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

5. MAILING ADDRESS Street or PO Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

6. E-Mail Address: \_\_\_\_\_

7. Licensing Contact: Name: \_\_\_\_\_ Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

8. Preparer Mailing Address: Name \_\_\_\_\_  
Street or PO Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

9. Filing Contact Name: \_\_\_\_\_ Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

10. Location of Records Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

11. FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN):  —

**Part II. Ownership Information**

*Each corporate officer, principal, manager, partner or owner must complete the information requested below. If needed, attach additional sheet(s) to provide the information requested in this application.*

(Mark Applicable Box for title)  President  Manager  Member  Partner  Owner

1. Full Name (first, middle, last) \_\_\_\_\_

2. Residence address (street address, city, state, zip) \_\_\_\_\_

3. Telephone (residence) \_\_\_\_\_ 4. Telephone (business) \_\_\_\_\_

5. Social Security Number \_\_\_\_\_ 6. Driver's License Number & State \_\_\_\_\_

(Mark Applicable Box for title)  President  Manager  Member  Partner  Owner

7. Full Name (first, middle, last) \_\_\_\_\_

8. Residence address (street address, city, state, zip) \_\_\_\_\_

9. Telephone (residence) \_\_\_\_\_ 10. Telephone (business) \_\_\_\_\_

11. Social Security Number \_\_\_\_\_ 12. Driver's License Number & State \_\_\_\_\_

Note: Licensees must provide licensee social security number or federal Employer Identification number where indicated. The Social Security number is requested pursuant to ORS 305.385 and OAR 150-305.100. Social Security numbers provided pursuant to this authority will be used for administration of state, federal and local tax laws.

13. List full name of directors (Attach additional sheets if necessary)	Address (mailing address, city, state, zip)
14. List full name of shareholder with controlling interest in corporation** (Attach additional sheets if necessary)	Address (mailing address, city, state, zip)

\*\* If there are 15 or less shareholders, all shareholders have a controlling interest. If there are more than 15 shareholders, shareholders with 5% or more ownership have a controlling interest.

15. All Domestic and Foreign Limited Partnerships, Limited Liability Partnerships, Corporations and LLC's must register with the Oregon Secretary of State, Corporation Division.

- a) Are you registered with the Corporation Division of the Secretary of State?  Yes  No  
b) Date that you qualified to do business in Oregon (month/day/year) \_\_\_\_\_  
c) Business Registration Number \_\_\_\_\_

16. Has the corporation, LLC, LLP, LP, partnership or any officers, members, controlling shareholders of the corporation or owners of the business been convicted of any felony or misdemeanor involving motor fuel?

Yes  No (If yes, explain)

17. Name of bank or financial institution which you will use to pay the motor fuels tax:

Name \_\_\_\_\_ Account Number \_\_\_\_\_  
Street or PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

18. Other business licenses or permits held by applicant.

19. If your business is based in another state, list name, address, telephone number and fax number of this state's registered agent.

Name \_\_\_\_\_  
Street or PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

20. Indicate the counties / states in which you do business.

21. Date business started in this city for which this license is requested. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

22. Has the corporation, LLC, LLP, LP, partnership or proprietorship now or in the past conducted any other business using a DBA?

Yes  No (If yes, explain)

23. Does the corporation, LLC, LLP, LP, partnership or proprietorship own any property in Oregon?

Yes  No (If yes, explain)

24. Does any officer, director, member, controlling shareholder, partner or owner own or control any petroleum business which operates in Oregon or any other state or jurisdiction? (e.g., other refiners, suppliers, distributors, transportation company, retail outlets, terminal operations, etc.)

Yes  No (If yes, explain)

25. Does any officer, director, member, controlling shareholder, partner or owner own or control any petroleum transport equipment which operates in Oregon or any other state or jurisdiction?

Yes  No (If yes, explain)

26. List any current or previous officer, director, member, controlling shareholder, partner or sole proprietor of any entity who holds or has held, within the last seven years, a motor vehicle fuel dealer's license in the City of Sisters, or the State of Oregon or another jurisdiction.

Please provide the information as requested to the right for each person listed.	Jurisdiction	License Number	Relationship to license holder
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27. If the business was acquired, from whom was it acquired?

List the type of fuel and number of gallons in storage tanks at the time of purchase.

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**Part III. Business Operations Information** List federal (637) Number (if applicable) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- Yes     No
1. Do you maintain bulk storage facilities in the City of Sisters?
  2. Where is your bulk storage located? \_\_\_\_\_
  3. Fuel Storage Capacity:    Above Ground \_\_\_\_\_ Below Ground: \_\_\_\_\_
  4. If no bulk storage facility is owned, explain other storage arrangements: \_\_\_\_\_

- Yes     No
5. Do you plan to import petroleum products into the City of Sisters?
  6. Indicate the type of petroleum products imported into the City of Sisters.  
 Gasoline                       Other (describe) \_\_\_\_\_
  7. Indicate the means of transport for this imported product.  
 Transport Truck               Tankwagon Truck  
 Pipeline                           Railroad Tank Car       Other – Describe \_\_\_\_\_
  8. List the jurisdictions from which you import petroleum products and your license number in that jurisdiction, if applicable. *(Attach additional sheets if necessary)*  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Estimate the number of taxable gallons that will be sold or used in the City of Sisters during an average month.  
 \_\_\_\_\_ Gasoline              \_\_\_\_\_ Alcohol / Ethanol / Methanol              \_\_\_\_\_ Diesel

- Yes     No
10. Do you plan to export petroleum products out of the City of Sisters?
  11. Indicate the type of petroleum products exported out of the City of Sisters.  
 Gasoline                       Other (describe) \_\_\_\_\_
  12. Indicate the means of transport for this exported product.  
 Transport Truck               Tankwagon Truck  
 Pipeline                           Railroad Tank Car       Other – Describe \_\_\_\_\_
  13. List the jurisdictions to which you export petroleum products and your license number in that jurisdiction, if applicable. *(Attach additional sheets if necessary)*  
 \_\_\_\_\_  
 \_\_\_\_\_

Yes     No

14. Do you plan to sell fuel to other persons / businesses in the City of Sisters? If so, indicate the monthly volume of motor vehicle fuel expected to be sold. \_\_\_\_\_

15. What other types of operations will you be engaged in?

- Exchanges                                       Direct Shipments                       Other (Describe) \_\_\_\_\_  
 Sales on Consignment                       Sell Petroleum Products  
 Operate Service Stations                       Trade Petroleum Products

16. If you operate service stations, cardlocks or keylocks in or within 3 miles of the City of Sisters, please list their locations (address, city, state, zip) and inform us of any changes as they occur.

*(Attach additional sheets if necessary)*


17. Provide the following information about suppliers from whom you purchase motor fuels and exchange partners from whom you receive motor fuels. *(Attach additional sheets if necessary)*

Name	Shipping / Delivery Point	Product

**Part IV. Certification**

- A LICENSED SISTERS DEALER IN MOTOR VEHICLE FUEL IS REQUIRED TO KEEP AND MAINTAIN, WITHIN THE STATE, FOR A PERIOD OF THREE YEARS, A COMPLETE RECORD OF MOTOR VEHICLE FUEL USED, SOLD AND DISTRIBUTED WITHIN THE CITY OF SISTERS, OREGON.
- AN APPLICANT MAY BE REQUIRED TO PROVIDE ADDITIONAL INFORMATION, INCLUDING, BUT NOT LIMITED TO, CERTIFIED FINANCIAL STATEMENTS AND COPIES OF FEDERAL INCOME TAX RETURNS AND FEDERAL EXCISE TAX RETURNS FOR THE PAST THREE YEARS FOR THE INDIVIDUAL, PARTNERSHIP, CORPORATION, OR LIMITED LIABILITY COMPANY, INCLUDING THE RETURNS OF THE OFFICERS AND PARTNERS.
- CITY RESERVES THE RIGHT TO INVESTIGATE ALL APPLICANTS PRIOR TO ISSUANCE OF A MOTOR VEHICLE FUEL DEALER BUSINESS LICENSE IN THE CITY OF SISTERS, OREGON.
- THE UNDERSIGNED HEREBY UNDERSTANDS THAT THE CITY OF SISTERS MAY SHARE ANY AND ALL INFORMATION CONTAINED IN THIS APPLICATION AS WELL AS ANY INFORMATION CONTAINED ON TAX REPORTS WITH TAXING AGENCIES IN OTHER JURISDICTIONS OR WITH THE FEDERAL GOVERNMENT.
- THE UNDERSIGNED CERTIFIES THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND ACCURATE. THIS CERTIFICATION IS GIVEN WITH THE UNDERSTANDING THAT IT IS A CRIME, UNDER ORS 162.075, TO CERTIFY THE TRUTH OF A STATEMENT KNOWING THAT THE STATEMENT IS NOT TRUE. SUCH A CRIME IS PUNISHABLE BY A JAIL SENTENCE OF UP TO ONE YEAR, A FINE OF \$2,500.00, OR BOTH.

NAME OF APPLICANT	SIGNATURE OF APPLICANT <b>X</b>	DATE SIGNED
OFFICIAL HOLDING PROPER AUTHORITY (PRINT NAME AND TITLE)		
SIGNATURE OF OFFICIAL <b>X</b>	DATE SIGNED	

## Disclosure Statement

You are required to provide your social security number pursuant to City of Sisters ordinance #388, City of Sisters council policy, and 42 USC 405(c)(2)(C)(i). Your social security number may be used for audit and investigation of tax payments, and collection of unpaid tax and penalties. Your social security number is not a public record under Oregon law and will not be disclosed as a public record.