

## State of New Jersey

Send to:

## **Division of Taxation**

PO Box 189 Trenton, NJ 08695-0189

Pursuant to NJSA 54:39-101 et seg 10-2010

	Licensee Ir	nformation
Name		Tax ID Number
Address		
Address		
Contact person F	hone Number	Position
Contact person F	попе миттрег	POSITION
	Change	Desired
Current Designation(s)  AvFuel Dealer		Desired Designation(s)
		AvFuel Dealer
Wholesaler		Wholesaler
Importer		Importer
Exporter		☐ Exporter ☐ Blender
Blender		☐ Riender
tax ID numbers, and the prodincluding their names, pick u	ucts to be so	ng their names, address, points of delivery, old to each. Also attach a list of suppliers, tax ID numbers, and the products to be
purchased from each.		
purchased from each.	Affirm	ation
By signing, the signatory affirm information on this form, incomplete or inaccurate and grounds for denying this applican give cause to investigation.	ns that the cluding the complete. ormation is cation and tigate the	Signature of Owner or Corporate Officer
By signing, the signatory affirm information on this form, incomplete or inaccurate and grounds for denying this apple	ns that the cluding the complete. ormation is cation and tigate the	