

State of New Jersey

(Case Transport	Form MF	95-0189 A-1		oined Motor nse Applic <i>a</i>	
Initial	Application	Cha	nge Application	Renew	al Application
Activity Sta	art Date for Initial A	applications _			
<u> Section 1 – B</u>	<u> Business Inform</u>	ation			
Federal ID Number	IRS 637 Number	New Jerse	y Tax ID Number	Web Address	
Business Name				Phone Number	
rade Name				Email Address	
Physical Address					
Mailing Address					
Books and Records Addres	SS				
Books and Records Addres	SS				
		ation			
Section 2 – C	Contact Informa		our tax information.	vou must supply us w	ith an
Section 2 – C f you wish to give Appointment of Ta	Contact Information an attorney, or account axpayer Representative	ant, access to y			
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Section 2 – C f you wish to give Appointment of Taconfidential inform Contact for Registration	Contact Information an attorney, or account axpayer Representative	ant, access to y	M-5008-R) giving	Email Address	
Section 2 – Configure of Taxon fidential information Contact for Registration	Contact Information an attorney, or account axpayer Representation to them.	ant, access to y ve Form (Forn Title	Telephone Number	Email Address Email Address	
Section 2 – Confidential information Contact for Reporting	Contact Information an attorney, or account axpayer Representation to them.	ant, access to y ve Form (Forn Title Title	Telephone Number	Email Address Email Address	
Section 2 – Confidential information Contact for Registration Contact for Reporting Conditional Completing this	Contact Information an attorney, or account axpayer Representation to them.	ant, access to y ve Form (Forn Title Title Title	Telephone Number Telephone Number Telephone Number	Email Address Email Address Email Address	ase
Section 2 – Configure to the Appointment of Taxon fidential information contact for Registration contact for Reporting andividual Completing this section 3 – I	Contact Information an attorney, or account axpayer Representation attorney to them.	ant, access to y ve Form (Forn Title Title Title	Telephone Number Telephone Number Telephone Number	Email Address Email Address Email Address	ase
Section 2 – C f you wish to give Appointment of Teconfidential inform Contact for Registration Contact for Reporting Individual Completing this Section 3 – I Complete for initia	Contact Information on	ant, access to y ve Form (Forn Title Title Title	Telephone Number Telephone Number Telephone Number	Email Address Email Address Email Address Email Address Email Address	ase
If you wish to give Appointment of Taconfidential inform Contact for Registration Contact for Reporting Individual Completing this Section 3 – I	Contact Information on	ant, access to y ve Form (Forn Title Title Title	Telephone Number Telephone Number Telephone Number	Email Address Email Address Email Address Email Address Email Address Former Ph	ase

	1.					
Section 4 — Type of Owne Sole Proprietorship (may include spouse) Limited Liability Partnership New Jersey Corporation Date of Incorporation:	Sole Proprietorship (may include spouse) Limited Liability Partnership New Jersey Corporation Partnership Government Entity Out-of-State Corporation – State			Limited Partnership Trust Other (specify)		
Section 5 Overnon Inform	ation					-
Provide information for sole proprietor, all		al officers of c	orporati	ons or limited lia	bility	corporations
(attach rider if necessary). Name (Last, First, Middle)			Title		Soc	rial Security Number
Home Address			Home Ph	one Number	Cel	l Phone Number
Name (Last, First, Middle)			Title		Soc	rial Security Number
Home Address			Home Ph	one Number	Cel	l Phone Number
Name (Last, First, Middle)			Title		Soc	rial Security Number
Home Address			Home Ph	one Number	Cel	l Phone Number
Name (Last, First, Middle)			Title		Social Security Number	
Home Address			Home Phone Number Cell Phone Number		l Phone Number	
Section 6 – Relationships	with Other O	rgonizat	iong			
Information regarding persons affiliated w	ith this business who e	either are also	affiliated		liated	with another
business that requires licensing under N.J.S Individual's Name	.A. §54:39-101 et. seq.	Title with App		Date Joining Applic	ant	Social Security Number
Individual's Home Address		City, State, Zip)			
Name of Business with which Affiliation Exists		Affiliated Business FID Title		Title		Effective Date of Title
Address of Business with which Affiliation Exists		City, State, Zip)	1		
Individual's Name		Title with Applicant Date Joining App		Date Joining Applic	ant	Social Security Number
Individual's Home Address		City, State, Zip)	1		
Name of Business with which Affiliation Exists		Affiliated Business FID Title			Effective Date of Title	
Address of Business with which Affiliation Exists		City, State, Zip)			
Section 7 – Types of Produ	icts Handled					
Check each type of product you will be dea	ling with in New Jersey					
Gasoline LPG Gasohol Undyed I Fuel Grade Alcohol Dyed Die	Diesel	☐ Dyed Kerosen☐ Undyed Biodi☐ ☐ Dyed Biodies	iesel		ndyed viatio	Kerosene n Fuel
Other – List each:						

S	<u>Section 8 – Business Activity; License Requested</u>								
Ch	Check all that apply.								
	Supplier of Motor Fuels An application	on fee of \$450 is due for a 3-year license.							
	1. You are registered or required to be registered pursuant to Section 4101 of the federal Internal A. You are a Position Holder in a terminal in New Jersey (<i>List each terminal and provide itslo</i>								
	B. You export fuel from this state (List the states to which you export and provide your License is								
	C. ■You import as a Position Holder in another state (<i>List the states from which you import and provide your License N° in each state</i>).								
	D. You import from another Position Holder (List the Position Holders, the Position Holder's I	License N° , and provide the state).							
	E. You acquire motor fuel in this state by two-party exchanges (List exchange partners and pro	wide their License №).							
	2. You produce Fuel Grade Alcohols in New Jersey or for import into New Jersey.								
L	Permissive Supplier of Motor Fuels An application	on fee of \$450 is due for a 3-year license.							
	You are an out-of-state Supplier that is not required to be licensed as a supplier in this state,	but you elect to be licensed anyway.							
		on fee of \$450 is due for a 3-year license, unless oplier or applying to become a supplier.							
	1. You own one or more terminals in New Jersey (List each terminal, state whether it is a barge,	pipeline, or fixed location, and provide its location).							
	2. You control one or more terminals in New Jersey (List each terminal, state whether it is a barg	3e, pipeline, or fixed location, and provide its location).							
	3. You commingle products with those of another company (List each company, and the products	s commingled).							
	Distributor of Motor Fuels An application	on fee of \$450 is due for a 3-year license.							
	1. You acquire fuel from a Supplier, Permissive Supplier, or another Distributor for subsequent re	esale within New Jersey.							
	2. You import fuel from another state (<i>List the states, Suppliers, each Supplier's License Nº and to</i>	he products imported).							
	3. You export fuel to another state (<i>List the states, customers, each customer's License N^o, and the states are states and the states are states are states are states and the states are states ar</i>	ve products exported).							
	4. You blend fuels (List the types of fuels you blend and the blend stocks used).								
	5. You sell Aviation Fuel.								

	Retailer of Motor Fuels		An application fee of \$150 is due for a 3-year license. You must file a separate MFA-1 for each retail establishment.							
	1. You engage in the business of selling or dispensing motor fuel to the consumers in this state.									
	2. You operate a blocked pump for clear kerosene.									
	3. You sell Aviation Fuels to the consumers.									
	4. You dispense LPG into on-road vehicles.									
	5. Do you have a backup generator on site? Yes No									
	6. If yes, please submit a description.									
	7. If no, is your station pre-wired for a gene	rator?								
	8. a. Number of gasoline pumps	_ b. Average gallons of gasoline	sold during the last 12 months.							
	9. a. Number of diesel pumps	b. Average gallons of diesel fu	el sold during the last 12 months.							
	10. a. Number of kerosene pumps	b. Average gallons of kerosene	sold during the last 12 months.							
	11. Do you lease your retail location? (If ye	s, please provide a copy of the lease agree	eement)							
_			1 6 6070. 1 6	1 1' 6 1						
_]′]	Fransporter		n application fee of \$50 is due for onveyance licensed.	or a 1-year needse for each						
	1. You transport your own fuels.									
	2. You transport fuels under contract as	a common carrier. (List your customers of	and the fuels transported).							
	•		_							
			_							
	For each fuel transportation vehicle or vesse	l, give the following information. (Attack	h rider if you are licensing more than 20	vehicles or vessels).						
	Conveyance Type	VIN or Vessel Name	Conveyance Type	VIN or Vessel Name						

Total application fee due for this application: \$_____

Section 9 – C	Consumer Regist	ration				
	y complete this section. If		ou are not a c	consumer and you	must apply for	one of the licenses in
Check all Y	ou purchase dyed fuel for use ou pick up taxable, on-road fu ou make your own fuel.			You blend your ow You recycle fuel fo You acquire taxable	r use on-road.	t been taxed.
Check each type of fuel yo	ou will consume. Gasolin Ethano		, Biodiesel osene	Dyed Diesel, Bi Kerosene	iodiesel or	Aviation Fuel
Section 10 –	Fuel Customers	/ Suppliers	/ Positio	on Holders		
Supplier of Motor Terminal Operato	Fuels applicants: list year applicants: list the pos	our customers. Di	stributor of	Motor Fuels ap	plicants: list	
your suppliers. Customer / Sup	oplier / Position Holder Name	Federal ID No.	License No.	Products	Terminal N	o. How product is received
Castian 11	Tuonamantana II	•1				
List common carrier	Transporters H rs you will use to transport Point of Contact		Jyanah oa	Federal ID Nun	ahan	Mode
Transporter Name	Form of Contact	Phone 1	vuinoei	rederat ib Nui	libei	Mode
						_
Section 12 –	Terminals s to determine which termin	nals must he listed (attach rider i	f necessary)		
Terminal Code	to determine which termin	Street Address	cure current traces by	The cosser yy.	City, Stat	e, Zip

	ction 13 – New Jer					ach wider if	agg amı)
Lis	t all storage tank informat	i on , both above an	ia belov	v grouna, by pro	auct type (an	acn riaer if nec	essary).
	Product Type	Address			City, State, 2	Zip	Total Tank Capacity
	•						
Sec	ction 14 – Bond Inf	ormation					
	plete the parts applicable to th	•		or security must be 3 ti	mes the liability fo	or the <i>applicable</i> estin	nated gallons
Sup	plier or Permissive Supp	lier Applicants		nth (minimum \$25,00		illion).	
	Applicable Estimated Gallons:		<u>Please</u>	list the Applicable Est	imated Gallons	Aviation Gas	soline:
	estimated <u>taxable</u> gallons handled gallons transacted within the Terminal		Gasolin	e & Fuel Grade Alcol	nol:	Aviation Ker	osene/Jet Fuel:
	to the government, exported, dyed module fuel delivered to international airports		Undved	l Diesel, Kerosene, &	Riodiesel:	I PG for High	hway Vehicles:
	Check type of security to be used:	Surety Bond		Certificate of Deposi		er of Credit	Cash Deposit
	Issue of security instrument			Number	Issue Date	Amo	
	Address of Issuer			City, State, 7	Zip		
Ter	minal Operator Applica	nts					nated gallons per month.
	Applicable Estimated Gallons: Ple- provide the estimated gallons for		Please	list the Applicable Est	imated Gallons	Aviation Gas	oline:
	gallons handled per month.	<u>au</u>	Gasolin	e & Fuel Grade Alcol	nol:	Aviation Ker	osene/Jet Fuel:
			Undvad	Diesel, Kerosene, &	Diodiaral:	I DC for High	nway Vehicles:
	Check type of security to be used:	Surety Bond		Certificate of Depor		er of Credit	Cash Deposit
	Issue of security instrument	Surety Bolid		Number	Issue Date	Amo	
						Amo	unt
	Address of Issuer			City, State, 2	Zip		
Dist	ributor of Motor Fuels A	applicants	Bond or	Security must be 3 time	es the liability for the	e applicable estimated	gallons handled per month.
	Applicable Estimated Gallons: Fo	r regular Distributors,	Please	list the Applicable Est	imated Gallons	Aviation Gas	soline:
	please provide the estimated gallons for month <i>excluding exports</i> . For <i>Quality</i>						osene/let Fuel:
	provide the estimated gallons for a						
	month, with no exclusions.	Undyed Diesel, Kerosene, & Biodiesel: LPG for Highway Vehicles:					
	+						
	Check type of security to be used:	Surety Bond		Certificate of Dep	osit 🔲 Lette	er of Credit	☐ Cash Deposit

Address of Issuer

Address of Issuer

Section 15 – Optional Election to be an Elective Supplier or Permissive Supplier

THIS NOTICE OF ELECTION PROVIDES FOR THE PRECOLLECTION OF THE NEW JERSEY MOTOR FUEL TAX ON ALL REMOVALS FROM ALL OUT-OF-STATE TERMINALS LISTED IN SECTION 12 WHERE SUPPLIERS OR PERMISSIVE SUPPLIERS ARE POSITION HOLDERS.

We elect to treat all removals from all out-of-state terminals with a destination into New Jersey as shown on the terminal-issued shipping papers as if the removals were removed across the rack by the supplier from a terminal in New Jersey as provided in Section 54:39-118.

We agree to pre-collect the New Jersey Motor Fuels Tax in accordance with Chapter P.L 2010. C22 on all removals from a qualified terminal in which we are a position holder, without regard to the license status of the person acquiring the fuel, the point of terms of the sale or the character of delivery.

We further agree to waive any defense that the State of New Jersey lacks jurisdiction to require collection on all out-of-state sales by such person as to which the person had knowledge that the shipments were destined for New Jersey and that New Jersey imposes the requirements under its general police powers to regulate the movement of motor fuels.

NOTICE OF ELECTION must be signed by an authorized representative of the company as listed in Section 5 of this application.							
My signature affirms all of the above.							
Title	Printed Name	Date Signed					

<u>Section 16 – Optional Election to be a Qualified Distributor</u>

Pursuant to Section 54:39-121, Qualified Distributors **may delay remittance** of the tax pre-collected by their Suppliers and Permissive Suppliers **until up to the 20th day of the month** following the removal of taxable products from a terminal by a fuel transportation vehicle. Payments made to Suppliers and Permissive Suppliers MUST be made by electronic funds transfer (EFT).

We acknowledge our Suppliers' obligations to pre-collect tax due on motor fuels from us, hold it in trust for New Jersey, and remit the pre-collected tax no later than the 22^{nd} of the month following the taxable event.

We affirm that:

1. Our company was a licensee in good standing with the State of New Jersey under R.S. 54:39-1 et seq. Our filings and payments were made accurately and timely.

— OR —

2. Our company meets the financial responsibility or bonding requirements set forth by the Motor Fuels Tax Act of 2010.

We agree that in order to enable our Suppliers to meet their obligations to the State of New Jersey, we **MUST** *remit the amount of tax due* to our Suppliers by EFT no later than the 20th day of the month following the taxable event.

Based on the above acknowledgment, affirmation, and agreement, we request that the State of New Jersey recognize us as a Qualified Distributor pursuant to R.S. 54:39-101 et seq. We are qualified to delay remittance to our Suppliers of tax due until the 20th day of the month following the taxable event. We recognize that our company, and not our Suppliers, will be liable for penalties and interest in the event that we are late in making remittance to our Suppliers. We further recognize that a late remittance to our Suppliers will revoke our status as a Qualified Distributor.

QUALIFIED DISTRIBUTOR APPLICATION must be signed by an authorized representative of the company as listed in Section 5 of this application. My signature affirms all of the above.

Signature

Title

Printed Name

Date Signed

All Applicants must sign the following section.

Section 17 – Authorizing Signature

Under penalty of perjury, my signature affirms all of the following:

- The information provided in this application, to include all attachments, is accurate and complete to the best of my knowledge.
- The applicant agrees to provide accurate and timely reports and to make timely payments.

Inaccurate or incomplete information in any section is cause for denial of the requests made in Section 15 or 16, and/or the denial of the entire application.

the chine application.						
Signature	Title	Printed Name	Date Signed			
Signature .	Title	1 mice i vame	Dute Biglied			