

Heating Oil License Application

THIS APPLICATION IS FOR HEATING OIL DEALERS ENGAGED IN HEATING OIL SALES ONLY.

COMPANY NAME _____ FEIN OR SSN _____

MAILING ADDRESS _____ UBI NUMBER _____

CITY _____ STATE _____ ZIP _____

FUEL SUPPLIERS NAME _____

CITY _____ STATE _____ ZIP _____

CONTACT PERSON'S NAME _____

PHONE NUMBER _____ FAX NUMBER _____

HAVE YOU PREVIOUSLY HELD A FUEL LICENSE OF ANY TYPE IN WASHINGTON? PLEASE CHECK YES OR NO. YES NO IF YES, IN WHAT NAME: _____

FUEL WILL BE ACQUIRED AS FOLLOWS: (MONTHLY GALLONS)

REFINE, MANUFACTURE, ESTIMATED FUEL PURCHASES
PRODUCE, COMPOUND _____ MADE WITHIN WASHINGTON _____

ESTIMATED FUEL PURCHASES
TO BE IMPORTED INTO WASHINGTON _____

ESTIMATED HEATING OIL FUEL DISTRIBUTION: (MONTHLY GALLONS BY FUEL TYPE)

DIESEL FUEL _____ KEROSENE FUEL _____

STOVE OIL _____

I certify, under penalty of perjury, that the information submitted on this application is true and correct to the best of my knowledge. I agree to comply with any recordkeeping, reporting, tax payments, and license display requirements as required by the State of Washington, Department of Licensing and understand that failure to do so may result in revocation of my license. I further understand this license is being used for the sole purpose of selling heating oil fuel. If I sell fuel for purposes other than heating, I will notify the Department of Licensing, Fuel Tax Section, immediately of any and all changes to my status as a heating oil dealer.

TITLE _____ TELEPHONE _____

PRINT NAME _____

SIGNATURE _____ DATE _____

PLACE SIGNED _____
(SUCH AS CITY OR COUNTY)