



APPLICATION FOR MOTOR FUEL LICENSE
Motor Fuel Quality Program - KRS 363.900 to 363.908
January 1 - December 31

License number (to be assigned by office) Payment Due: \$50.00

Is this a new facility? Yes No

Is this an existing facility that started selling motor fuel? Yes No

If previously owned or leased, list the former business name and former owner/operator:

Business Name:

Facility Owner/Operator:

Provide the date motor fuel sales for your business began or will begin in Kentucky: / /
Month Day Year

BUSINESS INFORMATION:

Physical Address (911 address, street, or highway)

Business name:

Address:

City: State Zip

County: E-Mail:

Business Phone: () Fax: ()

Owner/Operator: Contact:

Mailing Address (address specific for business physical location)

Check if the mailing address is same as the physical address. If different, complete the following:

Attention line:

Mailing address:

City: State Zip

Billing/License Renewal Address

Complete the following if your billing address is different than the business location and/or mailing address.

Billing name:

Attention line:

Address:

City: State Zip

Business Phone: () Fax: ()

Contact: E-Mail:

