
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: _____

PRODUCT INFORMATION

Check each fuel product offered for sale at this business.

*For gasoline products, the fuel grades premium, mid-grade, and regular apply to conventional fuel, ethanol blended fuel, and reformulated fuel. Reformulated fuel applies to areas monitored by EPA.

- Gasoline:** Premium (91 minimum octane) Reformulated
 Mid-grade (89 minimum octane) Ethanol Blend 10% (E10)
 Regular (86 minimum octane) Other _____
 Racing fuel _____

- Diesel:** Low Sulfur Diesel (LSD)
 Ultra Low Sulfur Diesel (ULSD)
 Off-Road Diesel

- Alternative Fuels:** Biodiesel (B100) E85
 Biodiesel Blend (BXX) E95
 Propane (LPG - Vehicle fuel only) Natural Gas (CNG/LNG)

- Miscellaneous:** Aviation Fuel Kerosene
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Applicant Signature _____ Date _____

Printed Name _____ Title _____

Mail the completed application with your \$50 check or money order, payable to the Kentucky State Treasurer, to the Division of Regulation & Inspection, 107 Corporate Drive, Frankfort, KY 40601. If you have any questions concerning this application, please contact licensing at (502) 782-9216.