



# KENTUCKY DEPARTMENT OF AGRICULTURE

Division of Regulation and Inspection  
107 Corporate Drive  
Frankfort, KY 40601

Phone: (502) 573-0282

Fax: (502) 573-0383

www.kyagr.com

## APPLICATION FOR RETAIL MOTOR FUEL LICENSE

### Motor Fuels Inspection & Testing Program – 302 KAR 79:011

Each Retail Motor Fuel License shall be effective from the date of issuance until January 31 of the following calendar year.

#### **BUSINESS STATUS:** Indicate (x) where appropriate.

Application Date: (MM/DD/YYYY) \_\_\_\_\_

- ☐ New Retail Facility (First time ownership)
- ☐ Part of a Chain (Single owner having multiple facilities)
- ☐ Previously Licensed Retail Facility

Company ID: \_\_\_\_\_

Retail Facility Name: \_\_\_\_\_

*Office Use Only*

Company ID: \_\_\_\_\_

Chain ID: \_\_\_\_\_

#### **BUSINESS INFORMATION:** Provide physical address (911 address, street, or highway).

Retail Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Business Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

**LICENSE HOLDER INFORMATION:** The License Holder is the individual or their delegated representative who will receive lab results or official notices and is financially responsible for the cost of fees, fines, corrective actions and remediation of motor fuel quality.

License Holder Name (Printed): \_\_\_\_\_

Delegated Representative Name (Printed): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Business Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

#### **FACILITY OPERATION DETAILS:** Indicate (x) where appropriate.

1. Per 302 KAR 81:010, **all** devices used to dispense retail motor fuel have a Certificate of Conformance with the National Conference on Weights and Measures, National Type Evaluation Program and meet the requirements of National Institute of Standards and Technology Handbook 44. ☐ Yes ☐ No ☐ Both

**If no, the non-compliant dispenser(s) shall not be used for retail sales and licensing is not required.**  
**All retail facilities with conforming dispensers shall obtain a Retail Motor Fuel License.**

**FACILITY OPERATION DETAILS (CONTINUED):** Indicate (x) where appropriate.

2. Is this an unattended retail facility? ☐ Yes ☐ No ☐ Not Applicable

If yes, provide the dates and hours of operation: \_\_\_\_\_

3. Does this retail facility utilize dispensers with a high flow rate? ☐ Yes ☐ No

If yes, identify each high-flow dispenser: \_\_\_\_\_

4. Does this retail facility dispense any of the **same** product(s) from multiple tanks, which are **not** manifolded? For example, two or more tanks of regular grade gasoline with ten percent ethanol that are **not** connected.

☐ Yes ☐ No If yes, identify the product(s): \_\_\_\_\_

5. Is this a mobile retail facility? ☐ Yes ☐ No ☐ Not Applicable

6. Is a department issued Stop-Sale Order in effect at this retail facility? ☐ Yes ☐ No ☐ Not Applicable

If yes, indicate the type(s) of Stop-Sale Order(s): ☐ Quality (Red Tag), ☐ Administrative (Yellow Tag),

☐ Temporary Declaration of Non-Sale, ☐ Declaration of Non-Sale (Permanent)

7. Does this retail facility have motor fuel that has been voluntarily or otherwise removed from sale?

☐ Yes ☐ No ☐ Not Applicable If yes, provide the product(s) and brief description of the reason:

\_\_\_\_\_  
\_\_\_\_\_

**PRODUCT INFORMATION:**

Indicate (x) where appropriate for **all products offered for sale, excluding Kerosene**; "E" means ethanol percent.

**Gasoline:**

- Regular (87 minimum octane)

☐ 87 E0 ☐ 87 E10 ☐ 87 E10 Reformulated ☐ Other \_\_\_\_\_

- Mid-Grade (89 minimum octane)

☐ 89 E0 ☐ 89 E10 ☐ 89 E10 Reformulated ☐ Other \_\_\_\_\_

Mid-Grade 90

☐ 90 E0 (Recreational) ☐ 90 E10 ☐ 90 E10 Reformulated ☐ Other \_\_\_\_\_

- E-15

☐ 88 E15 ☐ Other \_\_\_\_\_

- Premium (91 minimum octane)

☐ 91 E0 ☐ 91 E10 ☐ 91 E10 Reformulated ☐ Other \_\_\_\_\_

☐ 92 E0 ☐ 92 E10 ☐ 92 E10 Reformulated ☐ Other \_\_\_\_\_

☐ 93 E0 ☐ 93 E10 ☐ 93 E10 Reformulated ☐ Other \_\_\_\_\_

- Racing Gasoline

☐ Racing Octane \_\_\_\_\_

- Gasoline Blended With:

☐ Methanol

☐ Isobutanol

**PRODUCT INFORMATION (CONTINUED):**

Indicate (x) where appropriate for **all products offered for sale, excluding Kerosene**

**Mid-Level Ethanol Flex Fuel:**

☐ 16-50% Range

☐ Rounded to Nearest 10%: ☐ 20% ☐ 30% ☐ 40% ☐ 50%

**Ethanol Flex Fuel:**

☐ 51-83% Range (E-85)

☐ Rounded to Nearest 10%: ☐ 50% ☐ 60% ☐ 70% ☐ 80%

**Diesel:** Containing up to 5% Biodiesel or Biomass-Based Diesel

☐ #1 Ultra Low Sulfur Diesel

☐ #2 Ultra Low Sulfur Diesel

☐ Premium Diesel

☐ Off-Road Diesel

**Aviation Fuels:**

Gasoline: ☐ UL82 ☐ UL87 ☐ UL91 ☐ UL94 ☐ Jet B ☐ 100 ☐ 100LL ☐ 100VLL

Turbine: ☐ Jet A ☐ Jet A-1 ☐ Jet C-1 ☐ Jet A Synthesized Hydrocarbon (SH) ☐ Jet A-1 SH

**Alternative Fuels:**

☐ CNG (Compressed Natural Gas for Vehicles)

☐ LNG (Liquid Natural Gas for Vehicles)

☐ LPG (Liquid Propane Gas for Vehicles)

☐ Biodiesel Blend (BXX) (6-20% Biodiesel or Biomass-Based Diesel)

☐ Biodiesel (B100)

☐ M-85

**Other Product(s):** Please Check/List: ☐ Dimethyl Ether for Fuel Purposes ☐ Denatured Fuel Ethanol

☐ Hydrogen Fuel Quality for Fuel Cell Vehicles \_\_\_\_\_

**SIGNATURE:** My signature affixed below affirms that I am the license holder or the delegated representative that is financially responsible for the cost of fees, fines, corrective action, and remediation of motor fuel quality to comply with the Motor Fuel Inspection and Testing Program. By signing, I further represent that the information included on this application is true and correct and I understand that false information may result in motor fuel being removed from sale.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Questions concerning this application, its submittal, and payment should be directed to Hannah Mann at (502) 782-9204 or emailed to [hannah.blair@ky.gov](mailto:hannah.blair@ky.gov).