



Renewal Application for Florida Fuel/Pollutants License

DR-156R
R. 01/21
Rule 12B-5.150, F.A.C.
Effective 01/21

General Information

For Office Use Only	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Initials _____	Date _____

Who must renew?

Any business who has a retailer of natural gas, wholesaler, importer, exporter, terminal operator, terminal supplier, carrier, blender, air carrier, or pollutants license must apply for renewal.

What does the renewal license cost?

A registration fee is not required to obtain a fuel or pollutants license.

Where do I file this application?

Mail this signed application to:

Account Management - Fuel Unit MS 1-5730
Florida Department of Revenue
5050 W. Tennessee St.
Tallahassee, Florida 32399-0160.

When is the renewal application due?

A completed application should be mailed to the Department of Revenue **immediately**.

How much time is required to process a renewal application?

All renewal applications received and approved on or before November 30th, will be processed and mailed prior to the December 31st expiration.

Your current License Expires on December 31 of the Current Year.

When do I need to contact the Department of Revenue?

If you:

- Change or add licensed business activities.
- Move.
- Close your business.
- Need assistance.

Reminder!

- Most licensees are also required to maintain a bond in an amount equal to three times the monthly tax liability.
- Tax returns must be filed monthly, even if no tax was collected.

How do I contact the Florida Department of Revenue?

You may write us at the address listed on this page. Once you receive your license number, include it on any written correspondence. All applications must be mailed or delivered directly to the Account Management Fuel Unit in Tallahassee.

To speak with a Department of Revenue representative, call Taxpayer Services at 850-488-6800, Monday through Friday, excluding holidays.

Your Current License Expires on December 31 of the Current Year.

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This application must be completed in its entirety along with the appropriate attachments and be approved by the Florida Department of Revenue prior to December 31st. **WARNING: It is a third-degree felony to operate without a license.**

1. **Federal employer identification number (FEIN)** FEIN: -
or
Social security number (SSN), if FEIN is not available SSN: - -

2. Business Name _____ Phone number _____

3. Trade name, DBA or AKA _____ Fax number _____

4. Contact person _____ Phone number _____ Ext. _____

5. Contact Email Address _____

6. Type and legal organization: (Please check only one)
A) Corporation (check one): C Corp S Corp *If corporation, check any of the appropriate boxes that apply:*
 Publicly held corporation * Privately held corporation Wholly owned subsidiary of a publicly held corporation
B) Partnership (check one): General Limited Joint Venture
C) Limited liability company (check one): Single member Multi-member
 check here if you elected to be treated as a corporation for federal income tax purposes
D) Individual/Sole Proprietorship
E) Business Trust
F) Governmental Agency

* Publicly held corporations must attach Federal Form 10K or the most recent annual report documenting publicly held status.

7. Principal business location address: (cannot be a post office box) _____

City _____ County _____ State _____ ZIP _____
Country _____ Foreign postal code _____

8. **Please check each box that applies to your business activity.**
 Wholesaler Terminal Supplier Private Carrier Common Carrier
 Air Carrier Exporter Terminal Operator Blender
 Importer Pollutants Retailer of Natural Gas

9. A) If you are a terminal operator, have you changed the location of or added any terminals? YES NO
B) If **"YES,"** state the number of terminals: _____ and complete the following information for each terminal location address you operate. Attach additional sheets if necessary.

Terminal Location
Address _____
City _____ State _____ ZIP _____
Phone Number _____

Terminal Location
Address _____
City _____ State _____ ZIP _____
Phone Number _____

Terminal Location
Address _____
City _____ State _____ ZIP _____
Phone Number _____

Address where business records are maintained (cannot be a post office box)

10. Street address _____
City _____ County _____ State _____ ZIP _____
Country _____ Foreign postal code _____

11. Mailing address _____
City _____ County _____ State _____ ZIP _____
Country _____ Foreign postal code _____

12. Parent corporation information (if applicable)
Parent corporation FEIN -
Phone number _____ Ext. _____
Parent corporation name _____
Parent corporation address _____

Answer all questions. DO NOT leave any blank.

13. Owner, partner, officer information

List the primary owner or corporate officer first. Enter the name, social security number, home address and telephone number of the owners, partners or corporate officers. Persons listed below who have not previously undergone a background check must have one completed.

Applicants requesting a terminal supplier, importer, pollutants, exporter, blender, carrier, terminal operator, wholesaler or retailer of natural gas fuels license must undergo a background check conducted by the Florida Department of Law Enforcement (FDLE), the Federal Bureau of Investigations (FBI), and the Department of Revenue.

You must bring two forms of identification when you get your fingerprints scanned. One ID must have your picture and signature, such as a driver license, state identification card or passport. You will also provide personal information such as your full name, address, and social security number for the FBI to conduct the background investigation.

You are responsible for paying all fees.

A) Name _____ SSN - - (Individual)
Home address _____ FEIN - (Business)
City _____ County _____ State _____ ZIP _____
Country _____ Foreign postal code _____ Phone Number _____ Ext. _____
Corporate or business title _____ Interest/Ownership _____ %

B) Name _____ SSN - - (Individual)
Home address _____ FEIN - (Business)
City _____ County _____ State _____ ZIP _____
Country _____ Foreign postal code _____ Phone Number _____ Ext. _____
Corporate or business title _____ Interest/Ownership _____ %

C) Name _____ SSN - - (Individual)
Home address _____ FEIN - (Business)
City _____ County _____ State _____ ZIP _____
Country _____ Foreign postal code _____ Phone Number _____ Ext. _____
Corporate or business title _____ Interest/Ownership _____ %

D) Name _____ **SSN** - - (Individual)

Home address _____ **FEIN** - (Business)

City _____ County _____ State _____ ZIP _____

Country _____ Foreign postal code _____ Phone Number _____ Ext. _____

Corporate or business title _____ Interest/Ownership _____ %

NOTE: Social security numbers (SSNs) are used by the Florida Department of Revenue as unique identifiers for the administration of Florida’s taxes. Social Security Numbers obtained for tax administration purposes are confidential under sections 213.053 and 119.071, Florida Statutes, and not subject to disclosure as public records. Collection of your SSN is authorized under state and federal law. Visit the Department’s website at floridarevenue.com/privacy for more information regarding the state and federal law governing the collection, use, or release of SSNs, including authorized exceptions.

14. Private carriers only

List all vehicles added to your fleet that currently do not have cab cards.

Make/Model	Year	Vehicle ID Number	Tank Capacity (in gallons)

15. Fuel storage information

- A) Do you have a through-put agreement? YES NO
- B) Do you deliver fuel directly to retail locations? YES NO
- C) Do you own, operate or lease any bulk storage tanks in Florida? YES NO

If “YES” to C, list all below and indicate whether it is owned or leased:

Tank Capacity (in Gallons)	*DEP Number	Physical Location (Address)	Own/Lease

* “DEP Number” means the facility identification number assigned by the Florida Department of Environmental Protection to your location. DEP numbers are not assigned to Natural Gas dealers. (If necessary, attach a separate sheet.)

16. Pollutants storage information

Will this business produce, import, or remove petroleum pollutants through a terminal rack in this state? YES NO

If "YES" (check appropriate box(es)):

- Produce Import or cause to be imported (into Florida) Export
- Be entitled to a refund on the following taxable pollutants:
- Petroleum products Ammonia Pesticides Chlorine
- Motor oil or other lubricants Crude Oil Solvents Perchloroethylene
- Other (specify) _____

List the type of pollutant, location of storage facility, and estimated volume of taxable units imported, produced, or sold in Florida.		
Type of Pollutant	Location of Storage Facility	Taxable Units

17. Bond information

The license categories shown below usually require a bond. A wholesaler who has no import or export activity that sells only undyed diesel fuel and that is not authorized by the Department to remit fuel tax to its supplier is not required to have a bond. An applicant applying for a pollutants tax license for the sole purpose of applying for refunds pursuant to section 206.9942, F.S., of tax-paid pollutants is not required to post a bond. Please list the information on the bonds your business currently has secured.

Bond Type	Bond Company Name	Bond Company FEIN	Bond Number	Bond Amount
Motor Fuel				
Diesel Fuel				
Aviation Fuel				
Importer's Bond				
Exporter's Bond				
Pollutants				

18. List all suppliers of pollutants.

Name of Supplier	License Number

Licensing Information

19. Do you wholesale motor, diesel or aviation fuel? _____ YES NO
20. A) Are you registered to collect and/or remit sales tax? YES NO
 B) If "YES," what is your sales tax registration number? _____
21. Will this business import fuels into Florida upon which there has been no prior collection of tax?..... YES NO
22. Do you blend untaxed products for use as motor fuel, diesel fuel or aviation fuel? YES NO

- 23. A) Do you transport petroleum products either for yourself or for hire? YES NO
B) If "YES," what mode of transportation do you use? Truck Rail Vessel Pipeline
- 24. Do you export fuels from this state other than by bulk transfer? YES NO
- 25. Do your business transactions involve the bulk storage and transfer of taxable motor, diesel or aviation fuels?..... YES NO
- 26. A) Are you registered as a Position Holder under §4101 of the Internal Revenue Code for transactions involving the storage and transfer of motor and/or diesel fuel(s)? YES NO
B) If "YES," what is your Federal Fuel Registration Number? _____
- 27. If you are applying for a Wholesaler License renewal, do you request authority to make deferred fuel tax payments to your supplier by electronic funds transfer (EFT)? YES NO
- 28. Do you have any other outstanding tax liability with the Department of Revenue? YES NO
- 29. Have you or other owners, officers, directors, or stockholders with a controlling interest, been convicted of, or entered a plea of guilty or nolo contendere to, a felony committed against the laws of any state or of the United States?..... YES NO
- 30. Do you produce biodiesel from vegetable or animal fats? YES NO
- 31. Do you import biodiesel fuel to Florida? YES NO
- 32. Do you blend biodiesel fuel with petroleum diesel? YES NO
- 33. Do you sell biodiesel fuel or biodiesel blends? YES NO
- 34. Do you sell aviation fuel at retail for any purpose other than directly into the fuel tank of an airplane?.... YES NO
- 35. A) Do you own or operate retail stations that sell gasoline, diesel fuel, or aviation fuel posted at retail prices? YES NO
B) If YES, how many locations do you own or operate? _____
- 36. Do you receive tax free aviation fuel under U.S. Customs YES NO
If YES, enter the number of gallons received each month _____
- 37. Do you sell natural gas at retail for use in a motor vehicle?..... YES NO

Affidavit of Applicant(s)

I, the undersigned individual(s), or if a corporation for itself, its officers, and directors, hereby swear that I am duly authorized to make the foregoing application and that the application, including all attachments represent the premises to be licensed. If licensed, I agree that the place of business may be inspected and searched, during business hours or at any time business is being conducted on the premises, by officials and agents of the Department of Revenue for the purposes of determining compliance with Chapter 206, F.S.

Under penalty of perjury, I declare that I have read the foregoing Application, including all attachments, and the facts stated in it are true to the best of my knowledge and belief.

Signature of Applicant

WARNING :

Read carefully: This instrument is a sworn document. False answers could result in criminal prosecution subject to fine and/or imprisonment and denial of your application.