

LOUISIANA

DEPARTMENT of REVENUE

Special Fuel Excise Tax License Application

Mail to:

Louisiana Department of Revenue
Taxpayer Compliance-SSEW
P. O. Box 66362
Baton Rouge, LA 70896-6362
(855) 307-3893

A. Applicant Information

Legal Business or Corporation Name		LA Account Number	
Trade Name or DBA (if different from Business Name)		FEIN/SSN	
Contact Person	Telephone Number	Fax Number	E-Mail Address

B. Address Information

Physical Location (do not list P.O. Box)	City	State	ZIP
Mailing Address (if different from above)	City	State	ZIP
Address of Business Records	City	State	ZIP

C. License Information

Check each license for which you are applying

Special Fuel Retail Dealer Special Fuel Fleet Dealer

List business license number(s) for the following (if applicable)

IFTA License Number	IRP License Number	Federal Registry Certificate Number	Type of Registry
Enter 9-digit number assigned by the Secretary of State's Office, if applicable. You must have a number to submit this application, except for sole proprietorship or general partnership.			

D. Type of Business Ownership

Sole Proprietorship General Partnership Joint Venture Other (specify below)
 Domestic Corporation Limited Partnership Association
 Foreign Corporation Limited Liability Partnership Limited Liability Company

CORPORATION: provide all corporate officers. **PARTNERSHIP:** provide all partners. **SOLE PROPRIETORSHIP:** provide owner. **ALL OTHERS:** provide all general partners, members, or managers. (Attach additional pages if necessary.)

Full Legal Name	Title	Social Security Number	
Home Address	City	State	ZIP
Full Legal Name	Title	Social Security Number	
Home Address	City	State	ZIP
Full Legal Name	Title	Social Security Number	
Home Address	City	State	ZIP

If your business organization is a partnership, sole proprietorship, or your business is based in another state you **must** provide an agent for service of process.

Name	Telephone Number	E-mail address	
	Fax Number		
Address	City	State	ZIP

E. Product Information

Check the type(s) of product you will be handling.

054 – Liquefied Petroleum Gas (LPG)
 224 – Compressed Natural Gas
 225 – Liquefied Natural Gas

F. Special Fuels Purchase/Receipt Information (Attach additional pages if necessary.)

Provide the following information on all suppliers from whom you will purchase special fuels and on all exchange partners from whom you will receive special fuels.

Supplier					
Name	Point of Origin		Point of Destination		Product Code
	City	State	City	State	

Exchange Partner					
Name	Point of Origin		Point of Destination		Product Code
	City	State	City	State	

G. Special Fuels Provider License

1. Do you plan to export special fuels out of this state?
 Yes No

2. Indicate the type of special fuels products exported out of this state.
 Compressed Natural Gas
 Liquefied Petroleum Gas
 Liquefied Natural Gas
 Other - Describe _____

3. Indicate the means of transport for this exported product (Check all applicable boxes.)
 Seagoing Vessel/Barge
 Transport Truck
 Tankwagon Truck
 Pipeline
 Railroad Tank Car
 Other - Describe _____

4. List the destination states for exported special fuels and your license number in those states. (Attach additional sheets if necessary.)

State	License/Registration Number	State	License/Registration Number	State	License/Registration Number
1.		3.		5.	
2.		4.		6.	

5. Do you plan to import special fuels into this state?
 Yes No

6. Indicate the type of special fuels products imported into this state.
 Compressed Natural Gas
 Liquefied Petroleum Gas
 Liquefied Natural Gas
 Other - Describe _____

7. Indicate the means of transport for this imported product *(Check all applicable boxes.)*

- Seagoing Vessel/Barge
 Transport Truck
 Tankwagon Truck
 Pipeline
 Railroad Tank Car
 Other - Describe _____

8. List the state(s) from which you import special fuels and your license number in these states.

State	License/Registration Number	State	License/Registration Number	State	License/Registration Number
1.		3.		5.	
2.		4.		6.	

9. Are you a shipper of record on one of the commercial pipelines serving this state?

- Yes
 No

10. What other types of operations will you be engaged in? *(Check all applicable boxes.)*

- Exchanges
 Direct Shipments
 Sales on Consignment
 Sell special fuel products
 Operate service stations
 Trade special fuels products
 Other - Describe _____

11. Do you operate vehicles that are fueled from the cargo tank of an special fuels vehicle?

- Yes
 No

12. Estimate the number of taxable gallons that will be sold or used in this state during an average month.

Compressed Natural Gas _____ Liquefied Petroleum Gas _____ Liquefied Natural Gas _____

13. Do you maintain bulk storage for special fuels in this state?

- Yes
 No

14. Where will your bulk storage be located? _____

15. Fuel Storage Capacity: Above Ground _____ Below Ground _____

16. If no bulk storage facility is owned, explain storage arrangements. _____

H. Tax Pre-Collection Agreement

I agree to collect and remit the taxes due to the State of been dispersed into a motor vehicle in the State of Louisiana.

Authorized Representative's Name (Please print or type)		Title
Authorized Representative's Signature		Date
Telephone Number	Fax Number	E-mail Address

I. Certification – All applicants must complete this section

I certify that I have read this application and know and understand its contents and that all the information herein is true, correct, and complete. I understand it is unlawful to knowingly make a false statement on the application and that any violation may be prosecuted. I further certify that myself or anyone connected with my business has not been previously convicted of any violation of the special fuels statutes or of any felony under the laws of this state or of the United States.

Authorized Representative's Name (Please print or type)		Title
Authorized Representative's Signature		Date
Telephone Number	Fax Number	E-mail Address

Note: License will be issued after receipt of the Surety Bond, Form R-5304.