

Fee Enclosed: _____

FOR OFFICE USE—LEAVE BLANK

MAKE REMITTANCE PAYABLE TO

Validation No. _____

"DIRECTOR OF TAXATION—MFT"

License No.: _____

Date License Issued: _____

Date Mailed: _____

KANSAS DEPARTMENT OF REVENUE
APPLICATION FOR LP-GAS USER - DEALER LICENSE

1. Business name: _____

2. Business mailing address: _____
Street Address or Post Office Box City State Zip Code

3. Business location address: _____
Street Address City County State Zip Code

4. Federal Employers Identification Number: _____ 5. Business Phone Number: _____

FAX Number: _____

6. Check type of ownership: [] Individual [] Partnership [] Corporation [] Other: _____

7. List owner, partners, corporate officers and all stockholders who own 5% or more of company stock.

Table with 5 columns: Name, Address, Title, Social Security Number, Telephone Number. Includes header and three blank rows for data entry.

8. List the exact location of each place in Kansas where applicant intends to operate as an LP-Gas User or Dealer, placing LP-Gas in fuel tanks of motor vehicles.

Table with 4 columns: Street Address, City, County, For Office Use Only Location No. Includes header and four blank rows for data entry.

9. Is a Dealer or User license in effect for another at the above location? [] Yes [] No

10. If a successor to a former Dealer or User, give trade name of such User/Dealer: _____

11. Indicate whether location is owned or leased by the applicant: _____

12. List name and telephone number of a contact person for tax return inquiries: _____

Applicant agrees to comply with the provisions and requirements of the LP-Gas tax law and the rules and regulations promulgated by the Director of Taxation.

State of _____ County of _____ ss: _____

I, _____, first being fully sworn, state that the above application and all statements contained therein, are true and correct.

(Signature of Owner, Partner, Corporate Officer, or Person Authorized by a Power of Attorney) (Title)

Subscribed and sworn to before me, this _____ day of _____, 20_____.

My commission expires: _____, 20_____

Notary Public

INSTRUCTIONS

This application is to be completely and properly executed and must be supported by a LP-Gas User or Dealer Bond as well as necessary Financial Statements (if requested).

1. Only the owner; one of the partners listed on the application; one of the executive officers listed, if applicant is a corporation; or a person who has been duly authorized as attorney-in-fact by proper Power of Attorney, which has been filed in this office, may sign the application. If applicant desires to authorize others to sign application, forms for that purpose will be mailed upon request.
2. LP-Gas User-Dealer Bond is required for all new applicants, in the amount of \$1,000 and must be executed by a corporate surety authorized to transact business in Kansas. The bond may be signed for by the principal owner; a partner; or if a corporation, by the president, attested by a second corporate officer.
3. There is no fee for registering additional locations. Licenses will be furnished for each location from which LP-Gas is dispensed into motor vehicles. Please list locations in the spaces provided on the reverse side of this form. If available spaces are not adequate, provide the required information on a supplemental sheet. Contact the office listed below if additional locations are added at a later date.
4. **There is a \$5.00 fee which must accompany this license application.**

Please direct any inquiries regarding this application to the address below:

KANSAS DEPARTMENT OF REVENUE
CUSTOMER RELATIONS / MOTOR FUEL
PO BOX 750680
TOPEKA, KANSAS 66625-0680
www.ksrevenue.gov
Phone Number: 785-368-8222
Fax: 785-296-2703

Go to ksrevenue.gov to set up an appointment at the Topeka or Overland Park office by using the Appointment Scheduler.