



Renewal Application for Florida Fuel or Pollutants License

DR-156R
R. 01/26
Rule 12B-5.150, F.A.C.
Effective 01/26
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General Information

For Office Use Only

Approved 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
Florida Department of Revenue
PO Box 5500
Tallahassee FL 32314-5500

Or, you may email your application to
motor_fuel@floridarevenue.com.

When is the renewal application due?

A completed application should be mailed or emailed 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.

Account Changes

If you change your business name, mailing address, location address within the same county, or close or sell your business, immediately notify the Department. You can also notify the Department when you temporarily suspend or resume your business operations. The quickest way to notify the Department is by visiting floridarevenue.com/taxes/updateaccount.

To notify us in writing, mail a letter to:

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

Be sure to include your Business Partner number, your Consolidated tax filing number, and the Certificate number for each business location in any written correspondence sent to the Department.

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 for every collection period, 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.

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Use Black or Blue ink to Complete this Application.

Answer all questions, do not leave any questions blank unless instructed to skip the question.

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* _____

* Your privacy is important to the Florida Department of Revenue. Email addresses provided to the Department for tax administration purposes are confidential and exempt from disclosure under section 213.053(2), Florida Statutes.

Florida law requires you to authorize the Florida Department of Revenue to respond to you using unencrypted email that does not require additional steps before you can access information in the email. To expedite the processing of your application, you may wish to receive unencrypted email regarding this application. If so, indicate your approval to receive unencrypted email by selecting 'Yes' below, otherwise, select 'No.'

Yes. I authorize the Florida Department of Revenue to send information regarding this application using unencrypted email.
 No. I wish to receive encrypted emails from the Florida Department of Revenue. (The software used to encrypt email requires a one-time passcode or a user account.)

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.

<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Terminal Supplier	<input type="checkbox"/> Private Carrier	<input type="checkbox"/> Common Carrier
<input type="checkbox"/> Air Carrier	<input type="checkbox"/> Exporter	<input type="checkbox"/> Terminal Operator	<input type="checkbox"/> Blender
<input type="checkbox"/> Importer	<input type="checkbox"/> Pollutants	<input type="checkbox"/> 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. If necessary, attach a separate sheet.

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 _____

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)

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 _____ %

(b) Name **SSN** - -

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.

15. Fuel storage information

A) Do you have a throughput 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.

If necessary, attach a separate sheet.

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. If necessary, attach a separate sheet.

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				
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 or diesel fuel? YES NO

20. A) Are you registered to collect and 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 or diesel 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 Florida other than by pipeline or marine vessels? YES NO

25. Do your business transactions involve the bulk storage and transfer of taxable motor or diesel 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 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? YES NO

28. Do you produce biodiesel from vegetable or animal fats? YES NO

29. Do you import biodiesel fuel to Florida? YES NO

30. Do you blend biodiesel fuel with petroleum diesel? YES NO

31. Do you sell biodiesel fuel or biodiesel blends? YES NO

32. A) Do you own or operate retail stations that sell gasoline or diesel fuel posted at retail prices? YES NO
B) If "YES," how many locations do you own or operate? _____

33. Do you sell natural gas fuel 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

W A R N I N G :

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