

Qualified Motor Fuel Dealer License Application

<input type="checkbox"/> SSN <input type="checkbox"/> FEIN	Business Type <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> LLC	License Year	Is this a renewal? <input type="checkbox"/> Yes <input type="checkbox"/> No
Taxpayer Name		QD License Number	AK Business License Number
Business Name		Contact Name	
Mailing Address		Contact Phone	Contact Fax
City	State	ZIP Code	Contact Email

Qualifying Activity or Activities

Sells at least 50% of fuel acquired to unrelated persons for any combination of the following purposes:

- Resale
- Heating
- Use in jet propulsion aircraft
- Motor fuel

		Estimated Maximum Monthly Sales (Gallons)		Tax Rate		Tax Liability
Jet Fuel	x			\$0.032	=	
Aviation Gas	x			\$0.047	=	
Marine Diesel and Gasoline	x			\$0.05	=	
Highway Diesel, Gasoline and Gasohol	x			\$0.08	=	
Refined Fuel	x			\$0.0095	=	
Total Estimated Maximum Monthly Tax Liability						

Your estimated maximum monthly tax liability must be secured either by a bond, cash, letter of credit, or certificate of deposit from an Alaska bank. The Department of Revenue will not issue a license without documentation showing that the bond, letter of credit, or certificate of deposit is current and in effect. Check one:

- Bond in an amount equal to twice the average monthly motor fuel tax remittance but not less than \$5,000.
- Cash, letter of credit or certificate of deposit from an Alaska bank in an amount equal to twice the average monthly motor fuel tax remittance but not less than \$5,000.

Location of storage facility or base port of mobile operations	Facility or vessel capacity
Legal description or vessel name(s)	

<i>I certify that an accurate record will be kept of all purchases, sales, transfers and uses of fuel, and that taxes will be remitted on or before the last day of each succeeding month. Under penalty of perjury, I declare that this application and any attachments have been examined by me, and, to the best of my knowledge and belief, are true, correct and complete.</i>	
Signature	Date
Printed Name	Printed Title

Submit this form on Revenue Online at <http://online-tax.alaska.gov> or mail it to:
 Alaska Department of Revenue, Tax Division, PO Box 110420, Juneau AK 99811-0420
www.tax.alaska.gov • Phone 907.269.6620