

MICHIGAN DEPARTMENT OF AGRICULTURE  
 LABORATORY DIVISION – MOTOR FUELS QUALITY UNIT  
 P.O. Box 30776, Lansing, Michigan 48909-8276  
**RENEWAL APPLICATION FOR  
 MOTOR FUEL RETAIL OUTLET LICENSE**

Region	Type
Client No.	Co. Code

**LICENSE FEE**

**\$100.00**

FOR THE LICENSE YEAR  
 ENDING NOVEMBER 30, 2009

Filing of this completed application and fee is required of gasoline retailers by Act 44, P.A. 44 of 1984, to obtain a license.

**This license is non-transferable. A change in ownership or location will require a new license.**

Make remittance payable for the exact amount of \$100 to **STATE OF MICHIGAN** and mail by **October 1, 2008**.

MAILING NAME AND ADDRESS			CORRECTIONS--INDICATE <u>MAILING ADDRESS</u> CORRECTIONS HERE:		
RETAIL OUTLET NAME AND ADDRESS			CORRECTIONS--INDICATE <u>BUSINESS NAME/ADDRESS</u> CORRECTIONS HERE:		
RETAIL OUTLET PHONE NUMBER (Make corrections, if needed)			IS ESTABLISHMENT A SEASONAL MOTOR FUEL BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
FEDERAL EMPLOYER ID# OR MICHIGAN TREASURY #			Dates of operation: _____		
DID OWNERSHIP CHANGE WITHIN THE LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO			NUMBER OF: _____ Quantity		
Date Ownership Changed / Will Change/ Opening Date: _____			GRADES OF GASOLINE: _____		
			GRADES OF DIESEL FUEL: _____		
<b>OWNERSHIP INFORMATION</b>					
PLEASE CHECK ONE TYPE OF OWNERSHIP: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Joint Tenant <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation					
LLC, Partnership, or Corporation Name: _____					
If Corporation is out of state, list a Resident Agent that is in Michigan. Is store address and home address the same? <input type="checkbox"/> Yes					
OWNER / PARTNER / PRESIDENT NAME		TITLE	OWNER / PARTNER / RESIDENT AGENT NAME		TITLE
HOME ADDRESS (Different than establishment, no P.O. Boxes)			HOME / RESIDENT AGENT ADDRESS (Different than establishment, no P.O. Boxes)		
CITY	STATE	ZIP	CITY	STATE	ZIP
DATE OF BIRTH (License will not be processed without birth dates)			DATE OF BIRTH (License will not be processed without birth dates)		
TELEPHONE NUMBER			TELEPHONE NUMBER		

If there are more than two partners, please attach a list to the application.

I certify the above information to be accurate and complete.

**X**  
 \_\_\_\_\_  
 Authorized Signature & Title (THIS APPLICATION CANNOT BE PROCESSED WITHOUT A SIGNATURE.)

**X**  
 \_\_\_\_\_  
 Date