



Filing of this completed application is required of gasoline retailers by  
1984 Public Act 44, to obtain a license. This license is non-transferable.

### Motor Fuels Retail Outlet License Application

License Year Ending: \_\_\_\_\_ Status:  New  Renewal  No Longer Needed

License Number: \_\_\_\_\_

### Business Information

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ Business Fax: (\_\_\_\_) \_\_\_\_\_

Business Email: \_\_\_\_\_

Mailing address if different from above: Street or P.O. Box: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Blank Space  
For Official Use Only

### Corporate/Owner Information

Ownership Type:  Sole Ownership  Joint Tenant  Partnership  L.L.C.  Corporation

Corporate Name: \_\_\_\_\_

Owner/President (CEO)/Partner Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
This application CANNOT be processed without date(s) of birth.

Home Address of Owner: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

Complete MI Resident Agent (Corp) for out of state firms/ or Partner/ Joint Tenant Name on reverse side.

Federal/Tax ID #

### Industry Information (EFFECTIVE 3/29/2017 THERE WILL NO LONGER BE A FEE ASSESSED FOR THIS LICENSE)

<p>Did ownership change within the last year? <input type="checkbox"/> Yes (Requires new license) <input type="checkbox"/> No</p> <p>If yes, date ownership changed/opening date: _____</p> <p>Does the business operate year round? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, Operation start/end dates: _____</p>	<p>Are you responsible for (CHECK ONLY ONE):</p> <p><input type="checkbox"/> Only the fuel</p> <p><input type="checkbox"/> Only the fuel pumps</p> <p><input type="checkbox"/> Both the fuel and the pumps</p> <p><input type="checkbox"/> None of the above</p>
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I certify the above information to be accurate and complete. This application CANNOT be processed without a signature and date.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print your name here: \_\_\_\_\_

Title: \_\_\_\_\_

Application continues  
on the back of this form

License Number

**Additional Corporate/Joint Tenant/Partnership Information (Need home address/ Date of Birth for each owner)**

Ownership Type:  Joint Tenant  Partnership  L.L.C.  Corporation

MI Resident Agent (Corp) : \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
This application CANNOT be processed without date(s) of birth.

Home Address : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

**Additional Corporate/Joint Tenant/Partnership Information (Need home address/Date of Birth for each owner)**

Ownership Type:  Joint Tenant  Partnership  L.L.C.  Corporation

Partner A: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
This application CANNOT be processed without date(s) of birth.

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

Partner B: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
This application CANNOT be processed without date(s) of birth.

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_\_