

<b>Retail Fuel Designation #</b>		<b>Application Submission Date:</b>
<b>Facility Name:</b>		
<b>Primary Contact Name (First, Last):</b>		
<b>Primary Contact Title:</b>		
<b>Facility Mailing Address:</b>		
<b>City:</b>	<b>Zip:</b>	<b>County:</b>
<b>Phone:</b>		<b>Email:</b>
<b>Employer ID Number (W-9) :</b>		<b>Amount Requested: \$</b>
<b># Gasoline Dispensers:</b>		<b># Diesel Dispensers:</b>
<b># Gasoline Islands:</b>		<b># Diesel Islands:</b>
<b>Total Capacity of all Gasoline Tanks:</b>		
<b>Total Capacity of all Diesel Tanks:</b>		

*Please answer the following questions:*

If selected, we ask that fueling facility make their best effort to remain open to dispense fuel during an emergency. At no time should a fueling facility put the safety and welfare of their employees in jeopardy to remain open in an emergency. Will your facility be able and willing to extend operating hours or remain able to dispense fuel 24 hrs, 7 days a week during an emergency?

Does your facility have any existing contracts with local/state government to provide fuel for essential service vehicles?

Does your facility offer for sale other products that may be useful in an emergency (e.g., bottled water, food, batteries, motor oil, etc.)?

**Submit completed application by July 17, 2019 at 05:00 PM to: [MSP-EMHSD@michigan.gov](mailto:MSP-EMHSD@michigan.gov)**

Waylon Sanford  
Michigan State Police  
Emergency Management and Homeland Security Division  
[MSP-EMHSD@michigan.gov](mailto:MSP-EMHSD@michigan.gov)

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Authorized Applicant Signature

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Date