



RETAIL DEALER REGISTRATION

Company Information

Business Name of Retail Dealer:

Trade Name:	FEIN:
Contact Person:	Title:
Business Telephone:	Email:
Station Telephone:	Fax Number:

Mailing Address
 Street Address:

City:	State:	Zip:
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Physical Station Address
 Street Address:

City:	State:	Zip:
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Business type: (check one) Individual Corporation General Partnership Limited Partnership Limited Liability Company S Corporation

State of Incorporation:
 Date you began operations in Delaware:

Ownership Information

Name/Title	Address	Social Security No.

Type of Operation

Dealer Station <input type="checkbox"/>	Commissioned/Consignment <input type="checkbox"/>	Marina <input type="checkbox"/>
Retailer <input type="checkbox"/>	Company Owned & Operated <input type="checkbox"/>	Airport <input type="checkbox"/>
Other: <input type="checkbox"/>	Explain:	Key Pump <input type="checkbox"/>

Brand name or trademark of the manufacturer of the fuel:

Fuel Types and Storage Capacity

Fuel Type	# Hoses	Storage	Fuel Type	# Hoses	Storage
Gasohol (E-10)			Diesel (Clear)		
E-85			Diesel (Dyed)		
Aviation Gas			Kerosene (Clear)		
Race Gas			Kerosene (Dyed)		

Fuel Suppliers

Supplier Name	Address	Fuel Type:



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General Questions	Yes	No
Has the applicant ever applied for a retail dealer registration previously?		
Does this registration involve the takeover of another business?		
Will this location operate as a marina, providing fuel to watercraft?		
Will this location operate as an airport, providing fuel to aircraft?		
Will this location be operating as a full service station?		
Will this location be operating as a self service station?		
Will this location be operating as both a full and self service station?		
Will this location be operated without an attendant and sales be made only be credit card?		
Will this location offer both cash and credit pricing for sales of fuel?		
Will this location have a handicapped call button installed to comply with HB83?		
Will inventory reconciliation reports be maintained to verify all fuel received and sold?		

_____ Authorized Name (Please Print)	_____ Authorized Signature
_____ Authorized Individual Title	_____ Date of Application