



CITY OF SILVERTON
 306 S WATER STREET
 SILVERTON OR 97381
 PHONE: (503) 873-5321
 FAX: (503) 873-3007
 EMAIL: finance@silverton.or.us
 WEBSITE: <http://www.silverton.or.us>

CITY OF SILVERTON APPLICATION FOR MOTOR VEHICLE FUEL DEALER LICENSE

COMPLETE ALL APPLICABLE FIELDS OR INDICATE N/A.

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PART 1 IDENTIFYING INFORMATION

1. TYPE OF OWNERSHIP

- PROPRIETORSHIP CORPORATION PARTNERSHIP LIMITED PARTNERSHIP (LP)
 LIMITED LIABILITY PARTNERSHIP (LLP) LIMITED LIABILITY COMPANY (LLC)

STATE OF ORGANIZATION/
INCORPORATION

DATE ORGANIZED/
INCORPORATED

STATE REGISTRY
NUMBER

2. LEGAL NAME _____

**3. TRADE NAME -
DOING BUSINESS AS (DBA)** _____

4. FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)

5. BUSINESS ADDRESS (PHYSICAL) *REQUIRED*

| | | | | | |
|----------------|------|------------|-------------|--------|---------|
| STREET ADDRESS | CITY | STATE/PROV | POSTAL CODE | COUNTY | COUNTRY |
|----------------|------|------------|-------------|--------|---------|

6. MAILING ADDRESS OR PO BOX

| | | | | | |
|--------------------------|------|------------|-------------|--------|---------|
| STREET ADDRESS OR PO BOX | CITY | STATE/PROV | POSTAL CODE | COUNTY | COUNTRY |
|--------------------------|------|------------|-------------|--------|---------|

7. PRIMARY CONTACT

| | | | |
|------|-------|-------|-----|
| NAME | EMAIL | PHONE | FAX |
|------|-------|-------|-----|

8. REPORTING CONTACT - IF THE CONTACT PERSON IS NOT AN EMPLOYEE OR QUALIFIED SPOUSE OF THE APPLICANT, AN EXECUTED POWER OF ATTORNEY IS REQUIRED

| | | | | |
|--------------------------|-------|------------|-------------|---------|
| NAME | EMAIL | PHONE | FAX | |
| STREET ADDRESS OR PO BOX | CITY | STATE/PROV | POSTAL CODE | COUNTRY |

9. PRIMARY LOCATION OF RECORDS

| | | | | | |
|----------------|------|------------|-------------|--------|---------|
| STREET ADDRESS | CITY | STATE/PROV | POSTAL CODE | COUNTY | COUNTRY |
|----------------|------|------------|-------------|--------|---------|



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PART 2 OWNERSHIP INFORMATION

1. ALL DOMESTIC AND FOREIGN LIMITED PARTNERSHIPS, LIMITED LIABILITY PARTNERSHIPS, CORPORATIONS AND LIMITED LIABILITY COMPANIES WITH FACILITIES OPERATING IN OREGON MUST REGISTER WITH THE OREGON SECRETARY OF STATE, CORPORATION DIVISION.

A. ARE YOU REGISTERED WITH THE CORPORATION DIVISION OF THE SECRETARY OF STATE? YES NO

B. DATE THAT YOU QUALIFIED TO DO BUSINESS IN OREGON (MONTH/DATE/YEAR) _____

C. BUSINESS REGISTRATION NUMBER _____

D. IF BUSINESS IS BASED IN ANOTHER STATE, LIST NAME, ADDRESS, TELEPHONE AND FAX NUMBER OF OREGON'S REGISTERED AGENT.

| | | | | | |
|--------------------------|--|-------|--|------------|-------------|
| NAME | | PHONE | | FAX | |
| STREET ADDRESS OR PO BOX | | CITY | | STATE/PROV | POSTAL CODE |
| | | | | | COUNTRY |

2. PROVIDE THE NAME OF THE MANAGING AGENT OF THIS ENTITY (IF APPLICABLE)

| | | | | | |
|-----------------|--|-------|--|------------|-------------|
| NAME | | TITLE | | | |
| MAILING ADDRESS | | CITY | | STATE/PROV | POSTAL CODE |
| | | | | | COUNTRY |

3. MANAGING AGENT OR PRINCIPAL OFFICER/OWNER/MEMBER TO BE SWORN ON THE CERTIFICATE

| |
|------|
| NAME |
|------|

4. HAS THE CORPORATION, LLC, LLP, LP, PARTNERSHIP OR ANY OFFICERS, MEMBERS, CONTROLLING SHAREHOLDERS OF THE CORPORATION OR OWNERS OF THE BUSINESS BEEN CONVICTED OF ANY FELONY OR MISDEMEANOR INVOLVING MOTOR FUEL? IF YES, EXPLAIN. YES NO

5. HAS THE CORPORATION, LLC, LLP, LP, PARTNERSHIP OR PROPRIETORSHIP NOW OR IN THE PAST CONDUCTED ANY BUSINESS USING A DBA? IF YES, LIST. YES NO

6. DOES THE CORPORATION, LLC, LLP, LP, PARTNERSHIP OR PROPRIETORSHIP OWN ANY PROPERTY IN OREGON? IF YES, LIST. YES NO

7. DOES ANY OFFICER, DIRECTOR, MEMBER, CONTROLLING SHARE HOLDER, PARTNER OR OWNER OWN OR CONTROL ANY PETROLEUM BUSINESS WHICH OPERATES IN OREGON OR ANY OTHER STATE? (E.G., OTHER REFINERS, SUPPLIERS, DISTRIBUTORS, TRANSPORTATION COMPANY, RETAIL OUTLETS, TERMINAL OPERATIONS, ETC.) IF YES, EXPLAIN. YES NO

8. DOES ANY OFFICER, DIRECTOR, MEMBER, CONTROLLING SHARE HOLDER, PARTNER OR OWNER OWN OR CONTROL ANY PETROLEUM TRANSPORT EQUIPMENT WHICH OPERATES IN OREGON OR ANY OTHER STATE? IF YES, EXPLAIN. YES NO

9. LIST THE COMMERCIAL PIPELINES OF WHICH YOU ARE THE SHIPPER OF RECORD.

10. IF THE BUSINESS WAS ACQUIRED, FROM WHO WAS IT ACQUIRED?



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2. IF NO BULK STORAGE FACILITY IS OWNED, EXPLAIN OTHER STORAGE ARRANGEMENTS.

3a. ESTIMATED GALLONS USED/SOLD IN SILVERTON, OREGON (PLEASE ENTER GALLONS).

| SILVERTON, OREGON SALES | GASOLINE | | | ALCOHOL/ ETHANOL | DIESEL | OTHER |
|-------------------------|----------|--|--|---------------------|--------|-------|
| | | | | | | |

3b. FUEL PRODUCTS IMPORTED INTO SILVERTON, OREGON (PLEASE CHECK ALL THAT APPLY).

| SILVERTON IMPORTS BY | GASOLINE | ALCOHOL/ETHANOL | DIESEL | OTHER |
|----------------------|--------------------------|--------------------------|--------------------------|--------------------------------|
| TRANSPORT TRUCK | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| TANKWAGON TRUCK | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| RAILROAD TANK CARE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> _____ |

3c. FUEL PRODUCTS EXPORTED OUT OF SILVERTON, OREGON (PLEASE CHECK ALL THAT APPLY).

| SILVERTON IMPORTS BY | GASOLINE | ALCOHOL/ETHANOL | DIESEL | OTHER |
|----------------------|--------------------------|--------------------------|--------------------------|--------------------------------|
| TRANSPORT TRUCK | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| TANKWAGON TRUCK | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| RAILROAD TANK CARE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> _____ |

3d. FUEL ACTIVITY TYPE (PLEASE CHECK ALL THAT APPLY).

| DESCRIPTION | GASOLINE | ALCOHOL/ETHANOL | DIESEL | OTHER |
|--|--------------------------|--------------------------|--------------------------|--------------------------------|
| EXCHANGES | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| DIRECT SHIPMENTS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| SALES ON CONSIGNMENT | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| SELL FUEL PRODUCTS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| OPERATE SERVICE STATIONS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| ISSUE CARDLOCK CARDS FOR USE AT NON-RETAIL LOCATIONS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| TRADE FUEL PRODUCT | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> _____ |



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PART 4 APPLICATION AGREEMENT

1. A LICENSED CITY OF SILVERTON DEALER IN MOTOR VEHICLE FUEL IS REQUIRED TO KEEP AND MAINTAIN, WITHIN THE STATE, FOR A PERIOD OF THREE YEARS, A COMPLETE RECORD OF MOTOR VEHICLE FUEL USED, SOLD AND DISTRIBUTED WITHIN THE CITY OF SILVERTON, OREGON.
2. AN APPLICANT MAY BE REQUIRED TO PROVIDE ADDITIONAL INFORMATION, INCLUDING, BUT NOT LIMITED TO, CERTIFIED FINANCIAL STATEMENTS AND COPIES OF FEDERAL INCOME TAX RETURNS AND FEDERAL EXCISE TAX RETURNS FOR THE PAST THREE YEARS FOR THE INDIVIDUAL, PARTNERSHIP, CORPORATION, OR LIMITED LIABILITY COMPANY, INCLUDING THE RETURNS OF THE OFFICERS AND PARTNERS.
3. THE APPLICANT AUTHORIZES THE CITY TO OBTAIN INFORMATION FROM OUTSIDE SOURCES, INCLUDING CREDIT BUREAUS, PRIOR TO ISSUANCE OF A MOTOR VEHICLE FUEL DEALER LICENSE IN THE CITY OF SILVERTON, OREGON.
4. THE UNDERSIGNED HEREBY UNDERSTANDS THAT THE CITY OF SILVERTON MAY SHARE ANY AND ALL INFORMATION CONTAINED IN THIS APPLICATION AS WELL AS ANY INFORMATION CONTAINED ON TAX REPORTS WITH TAXING AGENCIES IN OTHER JURISDICTIONS, THE STATE OF OREGON, OR WITH THE FEDERAL GOVERNMENT.
5. THE UNDERSIGNED CERTIFIES THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND ACCURATE.

| | | |
|--|-----------|------|
| NAME OF APPLICANT | SIGNATURE | DATE |
| OFFICIAL HOLDING PROPER AUTHORITY NAME AND TITLE (PRINT) | SIGNATURE | DATE |