



# ARKANSAS MOTOR FUEL TAX APPLICATION

DFA - Revenue Division  
PO Box 1752  
Little Rock, AR 72203  
(501) 682-4800

PLEASE PRINT OR TYPE

For Office Use Only

1. Applicant Legal Name	FEIN		
2. Trade/DBA Name (If different from Legal Name)	Telephone No. (      )		
3. Physical Address: Street	City	State	Zip
4. Mailing Address: Street or PO Box	City	State	Zip
5. Contact Person: Name	Telephone No. (      )		
6. Location of Records			

7. Business Type:

Individual                      Partnership                      Corporation

8. Print or type partner (s) or corporate officer name(s), title, and residence address.

Name	Title	Residence Address

9. Indicate type (s) of fuel you will receive and distribute:

Gasoline                       Diesel                       Kerosene                       LP Gas  
 Alcohol                       Heating Oil                       Jet Fuel                       NGF (LNG & CNG)

10. Do you have bulk storage located in Arkansas?     Yes                       No

**IF COMPANY WAS PREVIOUSLY LICENSED, PLEASE COMPLETE.**

**COMPANY NAME** \_\_\_\_\_ **LICENSE NO.** \_\_\_\_\_

**CERTIFICATION** – I certify with my signature, that to the best of my knowledge, the information and statements on this application are true and correct. I agree to comply with reporting, payment, recordkeeping, and display requirements as specified by the Arkansas Motor Fuel Tax Laws. I also understand that failure to comply with these provisions shall be grounds for revocation of my fuel tax license.

X \_\_\_\_\_  
(Applicant Signature)                      (Applicant Title)                      Date

