



**CITY OF SCAPPOOSE,  
OREGON**

33568 East Columbia Avenue  
Scappoose, Oregon 97056  
(503) 543-7146  
FAX: (503) 543-7182

**MOTOR VEHICLE FUEL  
DEALER CERTIFICATE**

Applicant:

(Legal Entity Name)

Business Type:  Corporation  Limited Liability Company (LLC)  Limited Partnership (LP)  
 Partnership  Limited Liability Partnership (LLP)  Proprietorship

I,  being duly sworn, depose and say upon oath that I am the duly appointed  
(Name of principal or managing agent)

and qualified  of the above named entity organized under the laws of the  
(Official position)

State of

That the above listed name is the name under which this entity is duly authorized to transact business within the State of Oregon.

That the managing agent of this entity (if appropriate) is:

Name	Address	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>

That the principal officers, owners or members of this entity are:

Name	Address	Title

That said company has made application to the Oregon Department of Transportation for a license to operate as a dealer in motor vehicle fuel within the City of Scappoose, Oregon;

That the principal place of business of said company within the State of Oregon is located at:

That complete detail and summary accounting records covering all purchases, receipts, sales, distributions, transfers of fuel stock and other transactions relative to all motor vehicle fuel handled within the City of Scappoose, Oregon will be maintained and kept available for inspection at the following named offices;

Name	Address

**MOTOR VEHICLE FUEL DEALER CERTIFICATE (cont)**

That all company owned and operated service stations, cardlocks, keylocks and bulk storage facilities are located at (attach separate list if necessary);

<b>Name</b>	<b>Address</b>

That if the company is based outside of Oregon, the name and address of the Oregon Registered Agent is;

<b>Name</b>	<b>Address</b>
<b>Phone</b>	<b>Fax</b>

That the foregoing statements are made for the purpose of qualifying said company as being eligible to receive a license to transact its appropriate business as a DEALER in motor vehicle fuel within the City of Scappoose, Oregon, in accordance with the provisions of Ordinance No. 883/Scappoose Municipal Code 3.26.

IN WITNESS WHEREOF, I have hereunto set my hand this  day of    
  
(Signature of Affiant)

Address   
State  County

This instrument was signed before me on this  day of

By:   
(name of signer)  
  
(Notary Public)

My commission expires:

The Affiant may be any one of the principal officers or members of a corporation, Limited Liability Company, Limited Partnership or Limited Liability Partnership or the owner in the case of a proprietorship.