



**APPLICATION FOR  
MOTOR VEHICLE FUEL DEALER LICENSE  
CITY OF SCAPPOOSE, OREGON  
ORDINANCE NO. 883/SMC3.26**

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

**Part 1. Identifying Information** Complete all applicable fields or indicate N/A - Instructions on page 4

1. Type of Ownership:  Proprietorship  C Corp  S Corp  Partnership  Limited Partnership (LP)  
 Limited Liability Partnership (LLP)  Limited Liability Company (LLC)  Other

State of Incorporation (CORP):  Date Incorporated:  Corporate Number:

State of Organization (LLC):  Date Organized:  LLC Number:

State of Organization (PARTNERSHIP,LP,LLP):  Date Organized:

2. Legal Name:

3. Trade Name (DBA):

4. FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN):

**5. Business Address (Physical): (REQUIRED)**

Street:

City:  State:  ZIP:  County:

**6. Mailing Address or PO BOX:**

Street or PO Box:

City:  State:  ZIP:

7. Primary Contact:  E-mail:

Phone:  Fax:

8. Reporting Contact:  E-mail:

If the Contact person is not an employee or qualified spouse of the applicant, an executed Power of Attorney is required. Phone:  Fax:

Mailing Address:

City:  State:  ZIP:

**9. Location of Records:**

Street:

City:  State:  ZIP:  County:

**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/day/year)

c.) Business Registration Number  State (if not Oregon)

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2. If business is based in another state, list name, address, telephone number and fax number of this state's registered agent.

Name:

Phone:  Fax:

Mailing Address:

City:  State:  ZIP:

3. 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?

Yes  No (If yes, explain)

4. Other business licenses or permits held by applicant:

5. Indicate the counties/states in which you do business.  6. Date business started in this city.

7. Has the corporation, LLC, LLP, LP, partnership or proprietorship now or in the past conducted any business using a DBA?

Yes  No (If yes, explain)

8. Does the corporation, LLC, LLP, LP, partnership or proprietorship own any property in Oregon?

Yes  No (If yes, explain)

9. Does any officer, director, member, controlling shareholder, 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.)

Yes  No (If yes, explain)

10. Does any officer, director, member, controlling shareholder, partner or owner own or control any petroleum transport equipment which operates in Oregon or any other state?

Yes  No (If yes, explain)

11. If the business was acquired, from whom was it acquired?

List the type of fuel and number of gallons in storage tanks at the time of purchase.

TYPE	GALLONS	TYPE	GALLONS

**Part 3. Business Operations Information**

Yes  No 1. Do you maintain bulk storage facilities in the City of Scappoose?

2. Where is your bulk storage located?

3. Fuel storage capacity: Above Ground  Below Ground

4. If no bulk storage facility is owned, explain other storage arrangements:

Yes  No 5. Do you plan on importing fuel products into the City of Scappoose?

6. Indicate the type of fuel products imported into the City of Scappoose:

Gasoline  Diesel  Aviation Gasoline  Alcohol/Ethanol/Methanol

7. Indicate the means of transport for this imported product:

Seagoing vessel/Barge  Transport Truck  Tankwagon Truck  Pipeline  
 Railroad Tank Car  Other

8. List the jurisdictions from which you import fuel products and your license number in that jurisdiction.

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9. Estimate taxable gallons that will be sold or used in the City of Scappoose during an average month.

Gasoline  Diesel  Aviation Gasoline  Alcohol/Ethanol/Methane

Yes  No 10. Do you plan to export fuel products out of the City of Scappoose?

11. Indicate the type of fuel products exported out of the City of Scappoose:

Gasoline  Diesel  Aviation Gasoline  Alcohol/Ethanol/Methanol

12. Indicate the means of transport for this exported product:

Seagoing vessel/Barge  Transport Truck  Tankwagon Truck  Pipeline  
 Railroad Tank Car  Other

13. List the jurisdictions to which you export fuel products and your license number in that jurisdiction.

Yes  No 14. Do you plan to sell fuel to other persons / businesses in the City of Scappoose? If so, indicate the monthly volume of motor vehicle fuel expected to be sold for each category

15. What other types of operations will you be engaged in?

Exchanges  Direct Shipments  Sales on Consignment  Sell Fuel Products  
 Operate Service Stations  Trade Fuel Products  Other

16. If you operate service stations, cardlock or keylock operations in Oregon, list their locations (address, city, state, zip) and inform us of any changes as they occur.

17. Provide the following information about suppliers from whom you purchase motor fuels and exchange partners from whom you receive motor fuels.

NAME	SHIPPING/DELIVERY POINT	PRODUCT

**Part 4. Certification**

**1** - A LICENSED SCAPPOOSE 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 SCAPPOOSE.

**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 OF SCAPPOOSE TO OBTAIN INFORMATION FROM OUTSIDE SOURCES, INCLUDING CREDIT BUREAUS, PRIOR TO ISSUANCE OF A MOTOR VEHICLE FUEL DEALER LICENSE IN THE CITY OF SCAPPOOSE, OREGON.

**4** - THE UNDERSIGNED HEREBY UNDERSTANDS THAT THE CITY OF SCAPPOOSE MAY SHARE ANY AND ALL INFORMATION CONTAINED IN THIS APPLICATION AS WELL AS ANY INFORMATION CONTAINED ON TAX REPORTS WITH TAXING AGENCIES OF THE STATE OF OREGON OR WITH THE FEDERAL GOVERNMENT.

**5** - THE UNDERSIGNED CERTIFIES THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND ACCURATE. THIS CERTIFICATION IS GIVEN WITH THE UNDERSTANDING THAT IT IS A CRIME, UNDER ORS 162.075, TO CERTIFY THE TRUTH OF A STATEMENT KNOWING THAT THE STATEMENT IS NOT TRUE. SUCH A CRIME IS PUNISHABLE BY A JAIL SENTENCE OF UP TO ONE YEAR, A FINE OF \$2,500.00, OR BOTH.

NAME OF APPLICANT  SIGNATURE  DATE SIGNED

OFFICIAL HOLDING PROPER AUTHORITY (Print name and title)

SIGNATURE  DATE SIGNED

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**INSTRUCTIONS FOR COMPLETING APPLICATION**

1. TYPE OF OWNERSHIP Select appropriate box or fill in other. Complete applicable fields related to the type of ownership selected regarding date, state and number.
2. LEGAL NAME: Name under which taxes are filed and which corresponds to the Taxpayer Identification Number listed. Non-personal names must be registered with the Secretary of State Corporation Division.
3. TRADE NAME (DBA) Additional name under which business is conducted. DBA's or Assumed Business Names must be registered with the Secretary of State Corporation Division
4. TAXPAYER ID NUMBER Federal Employer Identification Number (FEIN) or Social Security Number (SSN) of the legal entity/owner
5. BUSINESS ADDRESS Physical location of place of business (REQUIRED)
6. MAILING ADDRESS Different location or P.O. Box where mail is to be sent
7. PRIMARY CONTACT Person responsible for decisions regarding this license
8. REPORTING CONTACT Person responsible for periodic reporting to the City of Scappoose
9. LOCATION OF RECORDS Address where records relating to fuel purchased/used is maintained

**PART 2**

1. REGISTRATION Indicate if registered with the Corporation Division including date of qualification and Registry number. Required for entities operating facilities in Oregon ONLY. These entities must provide the state of business registration
2. REGISTERED AGENT List Oregon registered agent information if legal entity is based outside Oregon (REQUIRED FOR BUSINESSES WITH OPERATIONS IN OREGON ONLY)
3. FELONY/MISDEMEANOR Indicate if any member has been convicted of a felony or misdemeanor involving motor fuel
4. OTHER LICENSES HELD Other fuel related licenses held by applicant
5. OTHER COUNTIES/STATES Other counties/states in which applicant is engaged in the fuel related activities
6. DATE STARTED Date business started
7. PREVIOUS DBAs List any DBAs under which operations have occurred
8. PROPERTY List any property owned by the entity
9. OUT OF STATE BUSINESS List any out of state businesses of which the principal parties are involved
10. TRANSPORT EQUIPMENT List fuel transport equipment/business of which the principal parties are involved
11. ACQUISITION Date business was acquired and list of fuel on hand at time of purchase

**PART 3**

1. BULK STORAGE Locations, capacities or other arrangements
5. IMPORTING FUEL Type, means of transport, states importing from, estimate of gallons imported
10. EXPORTING FUEL Type, means of transport, states exporting to
14. SALES Sales to other licensees and non licensees and volumes
15. OTHER OPERATIONS Check other types of operations in state
16. LOCATIONS List locations of service stations, cardlocks or keylocks
17. SUPPLIERS List suppliers