



MONTANA DEPARTMENT OF TRANSPORTATION
 ADMINISTRATION DIVISION
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Application for Gasoline/Special Fuel Distributor License Wholesaler Supplemental Form

Name of Applicant/Trade Name

List all retail outlet(s), you do not own, where you supply gasoline and/or special fuel in Montana

1.	Retail Outlet	Avg. Monthly Gallons
Location		Address
Owner Name		SSN or FEIN
Date Registered with Sec. of State Office (optional)		Phone number
		Registration Number (optional)

2.	Retail Outlet	Avg. Monthly Gallons
Location		Address
Owner Name		SSN or FEIN
Date Registered with Sec. of State Office (optional)		Phone number
		Registration Number (optional)

3.	Retail Outlet	Avg. Monthly Gallons
Location		Address
Owner Name		SSN or FEIN
Date Registered with Sec. of State Office (optional)		Phone number
		Registration Number (optional)

4.	Retail Outlet	Avg. Monthly Gallons
Location		Address
Owner Name		SSN or FEIN
Date Registered with Sec. of State Office (optional)		Phone number
		Registration Number (optional)

By cooperative agreement, the Montana Department of Transportation exchanges fuel tax information with other tax collecting agencies. Alternate accessible formats of this document will be provided upon request.

5.	Retail Outlet	Avg. Monthly Gallons
Location		Address
Owner Name	SSN or FEIN	Phone number
Date Registered with Sec. of State Office (optional)		Registration Number (optional)

6.	Retail Outlet	Avg. Monthly Gallons
Location		Address
Owner Name	SSN or FEIN	Phone number
Date Registered with Sec. of State Office (optional)		Registration Number (optional)

7.	Retail Outlet	Avg. Monthly Gallons
Location		Address
Owner Name	SSN or FEIN	Phone number
Date Registered with Sec. of State Office (optional)		Registration Number (optional)

8.	Retail Outlet	Avg. Monthly Gallons
Location		Address
Owner Name	SSN or FEIN	Phone number
Date Registered with Sec. of State Office (optional)		Registration Number (optional)

Attach additional sheets if necessary

<p>The undersigned applicant hereby authorizes full disclosure of any and all information which the Montana Department of Transportation may request from agencies in other jurisdictions, agencies of the federal government, foreign countries, petroleum suppliers, lending institutions and other entities with which you transact business, and further agrees to hold harmless these providers of information.</p> <p>The undersigned applicant hereby further agrees that the Department may share any and all information, obtained in its investigation, contained in this application as well as any information contained in tax reports subsequently filed by the applicant, with agencies in other jurisdictions, agencies of the federal government and foreign countries having regulatory authority.</p> <p>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 Sec 15-70-232 and 15-70-366 MCA, 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 6 months or a fine of \$1000 or both.</p>		
Name of Applicant (Printed)	Signature of Applicant	Date Signed
Official Holding Proper Authority (Print Name and Title)		
Signature of Official		Date Signed