



Montana Department of Transportation
Administration Division
Application for Gasoline/Special Fuel
Distributor License

2701 Prospect Ave
PO Box 201001
Helena MT 59620-1001
Phone: 406-444-7276
Fax: 406-444-5411
TDD: 406-444-7696
www.mdt.mt.gov

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Application is hereby made for a Gasoline/Special Fuel Distributor License in the state of Montana. This is required to comply with Title 15, Ch. 70, Part 4, MCA.

Name of Applicant or Legal Business Name:

Phone #:

Fax #:

Date:

Trade Name:

Email:

FEIN:

Mailing Address:

City/Town:

State/Country:

Zip Code +4:

Location Address:

City/Town:

State/Country:

Zip Code +4:

Has this company ever been licensed as a distributor in Montana? If yes, when and under what name?

Check the option(s) that is/are the company's major endeavor(s) in Montana.

☐ Refiner ☐ Importer ☐ Exporter ☐ Gasohol Blender ☐ Wholesaler (must supply retail location not owned)

Is this company currently licensed in any other state(s)? ☐ Yes ☐ No If "Yes," list state(s) and license number(s).

State	License #	State	License #	State	License #	State	License #

Is applicant currently licensed with the Internal Revenue Service to receive fuel EX-Tax? ☐ Yes ☐ No

If "Yes", provide 637 number

Person Responsible for Filing Required Monthly Reports:

Name (Last, First, Middle)

Email Address

Phone #

Address where Records will be Maintained:

Address:

City/Town:

State/Country:

Zip Code +4:

List all your Suppliers of Fuel and their Locations:

Supplier	Location(s)

Estimated Number of Gallons per Month:

	Imported	Acquired in Montana	Exported	Sold in Montana
Gasoline/Ethanol				
Diesel				
Aviation Fuel				

What type of carrier(s) do you plan to use to receive or import fuel into Montana?

Type of Carrier	Carrier Name	Carrier FEIN	Carrier IFTA



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Do you have bulk storage or terminal storage facilities in Montana? ☐ Yes ☐ No If "Yes", complete list below.

List all Bulk Plant and Terminal Storage Facilities where Fuel will be Stored:

Location	Bulk Plant or Terminal	Owned or Leased	Operator	Total Tank Capacity

Type of Business Entity

- ☐ Sole Proprietorship ☐ Partnership ☐ C Corporation ☐ S Corporation ☐ Cooperative
☐ Single-Member LLC ☐ Partnership LLC ☐ C Corporation LLC ☐ S Corporation LLC

If Proprietorship - Provide the Following Information:

Date Started	Full Name	SSN	Birth Date
Home Address	City/Town	State/Country	Zip Code + 4

If Partnership - Provide the Following Information:

Partner Names	Social Security Number	Home Address	Birth date	% Owned

If a Corporation or Cooperative - Provide the Following Information:

Officer Names / Board of Directors	Social Security Number	Title	Birth date	% Owned

State or Country Where Incorporated:

Date Incorporated:

Corporation Number:

Include list the names of stockholders holding 10% or more of the outstanding shares in the corporation.

List any Affiliates - Wholly Owned Subsidiaries - Parent Company, etc.

Name	Locations



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*****Notice*****

A licensed Montana Gasoline and/or Special Fuel Distributor is required to keep and maintain, for a period of three years, a complete record of fuel sold and distributed within Montana. Sec. 15-70-421, MCA.

An applicant may be required to provide additional information, including, but not limited to, copies of federal income tax returns and federal excise tax returns for the past three years for individual, partnerships, and corporations, including the returns of officers and partners. An applicant may be required to provide a current credit report.

The Montana Department of Transportation reserves the right to investigate all applicants prior to issuance of a gasoline and/or special fuel distributor license in Montana. Sec. 15-70-402, MCA.

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.

The undersigned applicant hereby further agrees that the Montana Department of Transportation may share any and all information obtained in its investigation of information 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 or taxing authority.

Under penalties of perjury, the undersigned applicant certifies that all information contained in this application is true and accurate and the number shown on this form is the correct taxpayer identification number. This certification is given with the understanding that it is a crime, under Sec. 15-70-443, 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.

Authorized Signature	Title	Date