



Illinois Department of Revenue
REG-8-A Application for Motor Fuel Tax License
 (Distributor, Supplier, Receiver, and/or Blender)

Step 1: Identify your business or organization

- 1** Federal employer identification number (FEIN)
 FEIN: _____ - _____
 Proprietorships must provide the Social Security number (SSN) under which taxes will be filed.
 SSN: _____ - _____ - _____
- 2** Legal business name:

- 3** Doing-business-as (DBA), assumed, or trade name, if different from Line 2:

- 4** Primary or legal business address:

 Street address - No PO Box number Apartment or suite number

 City State ZIP
- 5** Mailing address if different from the address above:

 In-care-of name

 Street address or PO Box number Apartment or suite number

 City State ZIP
- 6** Location of books and records:

 Street address Apartment or suite number

 City State ZIP
- 7** Business website:

- 8** Check the organization type that applies to you:
 Proprietorship
 _____ Check if owned by a married couple or civil union
 Partnership Trust or estate
 Corporation* S Corp (Subchapter S Corporation)*
 *Is your corporation publicly traded? ___ Yes ___ No
 If yes, provide the ticker symbol _____
 Governmental unit Not-for-profit organization
 LLC - Corporation LLC - Partnership
 LLC - Single member ___ Check if disregarded
- 9** State of incorporation: _____
 Date of incorporation: _____ / _____ / _____
- 10** Is your business part of a unitary group? ___ Yes ___ No
 If "Yes", provide the FEIN of your designated agent (the entity responsible for filing your Illinois income tax return):
 FEIN: _____ - _____
- 11** Identify a contact person regarding your business.
 Name: _____ Title: _____
 Phone: (_____) _____ - _____ Ext.: _____
 Email address: _____
- Note:** If the person identified above is not an employee or officer, **Form IL-2848, Power of Attorney**, must be attached to this application.
- 12** Owner and officer information:
 Complete and attach **Schedule REG-8-O, Owner and Officer Information**
- 13** Responsible party information:
 Complete and attach **Schedule REG-8-R, Responsible Party Information**

Step 2: Out-of-state business information (If you are not an out-of-state business, go to Step 3.)

- 14** Are you registered in Illinois as a foreign corporation? Yes No
 If "Yes", provide your Illinois Secretary of State identification number: _____ - _____ - _____ - _____
 If "No", contact the Illinois Secretary of State to determine if you must register as a foreign corporation.
- 15** Illinois agent information (if you are an out-of-state applicant, you must identify an Illinois agent):
 Complete and attach **Form RMP-14, Designation and Appointment of Agent**

Step 3: Business information

- 16** Is your business now (or has your business ever been) associated with any other corporation, company, or individual which has (or had) an interest in the sale or distribution of motor fuels/other fuels? Yes No
 If "Yes", provide the following information (attach additional sheets, if necessary):
 Name of individual: _____ SSN: _____ - _____ - _____
 Name of business: _____ FEIN: _____ - _____
 Motor Fuel License number: _____

17 Are any officers, directors, or partners of your business now (or have any officers, directors, or partners of your company ever been) associated with any other corporation, company, or individual which has (or had) an interest in the sale or distribution of motor fuels/other fuels?

Yes No

If "Yes", provide the following information (attach additional sheets, if necessary):

Name of individual: _____ SSN: _____ - _____ - _____

Name of business: _____ FEIN: _____ - _____

Motor Fuel License number: _____

18 List all motor fuel/other fuel license numbers held by your business, from your home state and all other states (attach additional sheets, if necessary):

State	Gasoline license number	Special fuel license number	Other license number
_____	_____	_____	_____
_____	_____	_____	_____

Step 4: Business activities

19 Estimate the number of gallons handled monthly in Illinois:

Gasoline _____ Special Fuel _____ Dyed Diesel _____ Other Fuels (specify) _____

20 Describe in detail **all** of your intended monthly motor fuel/fuel operations in Illinois once licensed (attach additional sheets, if necessary):

21 If you have previously held a motor fuel license in Illinois, describe in detail the changes to the operations of your business which require you to reapply for a new Illinois license (attach additional sheets, if necessary):

22 Will you import motor fuel or other fuels into Illinois? Yes No If "Yes", how often will you import? _____

List all products you will import: _____

List all states you will import from: _____

23 Will you export motor fuel or other fuels from Illinois? Yes No If "Yes", how often will you export? _____

List all products you will export: _____

List all states you will export to: _____

24 Provide the following information for **all** your suppliers of motor fuel and/or other fuels (attach additional sheets, if necessary):

Business name _____ Phone (_____) _____ - _____

Business address _____

Type of Transport*	Location of receipt (city and state)
_____	_____
_____	_____
_____	_____

Carrier owned/hired by you or supplier	
Select one:	Select one:
Owned <input type="checkbox"/> Hired <input type="checkbox"/>	You <input type="checkbox"/> Supplier <input type="checkbox"/>
Owned <input type="checkbox"/> Hired <input type="checkbox"/>	You <input type="checkbox"/> Supplier <input type="checkbox"/>
Owned <input type="checkbox"/> Hired <input type="checkbox"/>	You <input type="checkbox"/> Supplier <input type="checkbox"/>

*Tank car, Truck, Barge, Pipeline, Other-specify

Business name _____

Phone
(____) _____ - _____

Business address _____

Type of Transport* _____ Location of receipt (city and state) _____

*Tank car, Truck, Barge, Pipeline, Other-specify

Carrier owned/hired by you or supplier

Select one:

Owned Hired

Owned Hired

Owned Hired

Select one:

You Supplier

You Supplier

You Supplier

Business name _____

Phone
(____) _____ - _____

Business address _____

Type of Transport* _____ Location of receipt (city and state) _____

*Tank car, Truck, Barge, Pipeline, Other-specify

Carrier owned/hired by you or supplier

Select one:

Owned Hired

Owned Hired

Owned Hired

Select one:

You Supplier

You Supplier

You Supplier

25 Do you lease Illinois bulk storage tanks/space to another company? Yes No If "Yes", attach a copy of your contract.

Name of lessee: _____

Volume leased: _____

26 Do you lease Illinois bulk storage tanks/space from another company? Yes No If "Yes", attach a copy of your contract.

Name of lessor: _____

Volume leased: _____

27 List the Illinois bulk storage tanks/space you operate. List each storage tank separately (attach additional sheets, if necessary):

Location (street, city, and state)	Product Type*	Storage Capacity	Above or below ground	Owned or leased
_____	_____	_____	above <input type="checkbox"/> below <input type="checkbox"/>	owned <input type="checkbox"/> leased <input type="checkbox"/>
_____	_____	_____	above <input type="checkbox"/> below <input type="checkbox"/>	owned <input type="checkbox"/> leased <input type="checkbox"/>
_____	_____	_____	above <input type="checkbox"/> below <input type="checkbox"/>	owned <input type="checkbox"/> leased <input type="checkbox"/>
_____	_____	_____	above <input type="checkbox"/> below <input type="checkbox"/>	owned <input type="checkbox"/> leased <input type="checkbox"/>

*Gas - Gasoline; GHL - Gasohol; DSL - Diesel; DD - Dyed Diesel; KER - Kerosene; AVI - Aviation/jet fuel; 1-K - 1-K Kerosene; Other - specify

28 List the Illinois retail outlets you own or operate. List each retail outlet separately (attach additional sheets, if necessary):

Location (street, city, and state)	Product Type*	Storage Capacity	Above or below ground	Owned or leased
_____	_____	_____	above <input type="checkbox"/> below <input type="checkbox"/>	owned <input type="checkbox"/> leased <input type="checkbox"/>
_____	_____	_____	above <input type="checkbox"/> below <input type="checkbox"/>	owned <input type="checkbox"/> leased <input type="checkbox"/>
_____	_____	_____	above <input type="checkbox"/> below <input type="checkbox"/>	owned <input type="checkbox"/> leased <input type="checkbox"/>
_____	_____	_____	above <input type="checkbox"/> below <input type="checkbox"/>	owned <input type="checkbox"/> leased <input type="checkbox"/>

*Gas - Gasoline; GHL - Gasohol; DSL - Diesel; DD - Dyed Diesel; KER - Kerosene; AVI - Aviation/jet fuel; 1-K - 1-K Kerosene; Other - specify

29 Do you own fuel transport trucks? Yes No If "Yes", how many? _____

Do you own tank wagons? Yes No If "Yes", how many? _____

IFTA license number _____ Base jurisdiction _____

Will you sell aviation fuel at retail? Yes No

Step 5: Blending activities

30 Will you blend, compound, or manufacture motor fuel/other fuels?

Blend Yes No

Compound Yes No

Manufacture Yes No

If you answered "Yes" to any of the above, complete the rest of Step 5. Otherwise, go to Step 6.

31 If you will blend with alcohol, give the name(s) of your alcohol supplier(s): _____

If you will blend with soy, give the name(s) of your soy supplier(s): _____

32 Tell us whether the only activity with respect to motor fuel/other fuels is:

Production of alcohol in quantities of less than 10,000 proof gallons per year

Blending alcohol in quantities of less than 10,000 proof gallons per year

33 Estimate the number of gallons of motor fuel to be blended, compounded, or manufactured monthly:

Gasoline _____ Special Fuel _____ Dyed Diesel _____ Other Fuels (specify) _____

34 Estimate the number of gallons of blending agent(s) to be blended, compounded, or manufactured monthly:

Alcohol/Ethanol _____ Soy/Biodiesel _____ 1-K _____ Other (specify) _____

35 Give a detailed description of the products to be used for blending, compounding, or manufacturing:

36 Give a detailed description of the process to be used for blending, compounding, or manufacturing:

37 Identify the **location** and equipment used for blending, compounding, or manufacturing:

38 What do you intend to do with the blended, compounded, or manufactured product(s)?

Step 6: Sign below

I understand that I am not authorized to act as a distributor or blender of motor fuel, supplier of special fuel, or receiver of fuel in the state of Illinois until this application has been approved by the Illinois Department of Revenue and I receive a valid Motor Fuel Tax license for that purpose. Under penalties of perjury, I state that I have examined this information and, to the best of my knowledge, it is true, correct, and complete.

Signature: _____

Title: _____

Date: ___/___/___

Printed name: _____

Phone: (_____) _____ - _____

Mail your completed form with any required attachments to:

**ALCOHOL TOBACCO AND FUEL DIVISION
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19467
SPRINGFIELD IL 62794-9467**

If you have questions, email us at REV.MF@illinois.gov or call us weekdays between 8:00 a.m. and 4:00 p.m. at 217 782-2291.