



APPLICATION FOR LICENSE
Calendar Year 2011

Initial Application: _____

Renewal: _____

If Renewal, please list current license number: _____

For Office Use Only

Type of License: _____ Date Received: _____ Processed By: _____

License Number: _____ Date Issued: _____

Payment Method: _____ Amount: \$ _____ Code: _____ Posted By: _____

Check One (1) Only:

Separate applications must be completed for each type of license requested

DISTRIBUTOR

CARRIER

RETAILER

REFINER

1. Applicant's Corporate or Company Name : _____

2. Federal Employer's Identification Number (EIN) : _____

3. Business/Mailing Address : _____
(City, State, Zip) _____

Telephone No: () _____ Fax No: () _____

E-mail Address: _____

4. Physical Location of Business within the Navajo Nation : _____
(Street Address) _____
(City, State) _____

5. Land Status of Business Site :
Tribal Trust Business Site Lease Number : _____
Allotment Expiration Date : _____
Fee (Private)
Other (Explain) _____

6. Type of Business (Check One) :
Sole Proprietorship Partnership
Governmental Entity or Enterprise Corporation
Other (Explain) _____

7. Contact Person(s): _____ Telephone Number, if different from #2. Above.
Title : _____ () _____

8.a. List names, titles and addresses of all **corporate officers** of your business (attach additional pages if necessary) :

<u>Name and Title</u>	<u>Mailing Address</u>
1 _____ _____	_____ _____
2 _____ _____	_____ _____

8.b. List names, titles and addresses of all **directors** of your business (attach additional pages if necessary) :

<u>Name and Title</u>	<u>Mailing Address</u>
1 _____ _____	_____ _____
2 _____ _____	_____ _____

8.c. List names, titles and addresses of all **general partners** of your business (attach additional pages if necessary) :

<u>Name and Title</u>	<u>Mailing Address</u>
1 _____ _____	_____ _____
2 _____ _____	_____ _____

8.d. List names, titles and addresses of all **shareholders*** with controlling interests in your business (attach additional pages if necessary) :

<u>Name and Title</u>	<u>Mailing Address</u>
1 _____ _____	_____ _____
2 _____ _____	_____ _____

*if \leq 15 shareholders, list all; if more than 15 shareholders, list those with \geq 5% of ownership

8.e. List names, titles and addresses of all principal officers of your business (attach additional pages if necessary) :

<u>Name and Title</u>	<u>Mailing Address</u>
1 _____ _____	_____ _____
2 _____ _____	_____ _____

9. Has the applicant, or any officer or director thereof, been convicted of a felony within the past 10 years?

Yes No

If yes, explain : _____

10. Has the applicant, or any officer or director thereof, been found to have violated any applicable Navajo Nation or federal law within the past 10 years?

Yes No

If yes, explain : _____

11. Has the applicant, or any officer or director thereof, had any temporary or permanent suspension or revocation of any license or other authorization pertaining to the distribution, carrying, transportation, refining, or retailing of fuel within the past 10 years?

Yes No

If yes, explain : _____

12. Submit Proof of Insurance.

13. Submit proof that vehicles, storage tanks, etc. have been inspected and are in compliance with all applicable laws and regulations. Include Vehicle Identification Number (VIN) or other identifying information for each vehicle. **(Carriers Only)**

14. Submit Bond Application **(Distributors Only)**

Amount : _____

Date Posted with the Office of the Navajo Tax Commission : _____

Bonding Company : _____

15. Submit proof of certification of training in safety procedures **(Carriers and Refiners Only)**.

16. Submit proof of valid state or federal carrier's license **(Carriers Only)**.

17. Submit list of all drivers authorized to use applicant's license **(Carriers Only)**.

18. Submit an updated Form 100 **(Carriers, Distributors, Refiners, Retailers)**.

I declare that the information contained in this document and any attachments thereto is true and correct to the best of my knowledge and belief pursuant to all Navajo Nation laws and regulations.

Taxpayer or Duly Authorized Agent Signature

Title

Print or Type Name

Date

CHECKLIST

(Use this checklist to verify that the application is complete before mailing it to the Office of the Navajo Tax Commission)

	ONTC Office Use Only
_____ Application Fee is enclosed (\$100-Retailer & Refiner, \$150-Carrier, \$200-Distributor),	
_____ Proof of Insurance is enclosed (Carriers, Distributors, Refiners, Retailers),	
_____ Proof of Certification of training in safety procedures is enclosed (Carriers & Refiners Only),	
_____ Vehicle Identification Numbers (VIN) is enclosed (Carriers Only),	
_____ Proof of Inspection and Certification for All Vehicles is enclosed (Carriers Only),	
_____ Proof of Valid State or Federal Carrier's License is enclosed (Carriers Only),	
_____ List of Authorized Drivers is enclosed (Carriers Only),	
_____ The required bond amount has been determined and is attached (Distributors Only),	
_____ All required areas on the bond form have been completed (Distributors Only),	
_____ All areas of the application have been completed, (If it does not apply, indicate N/A)	
_____ The application has been signed.	
_____ Current Form 100	