



Department of Taxation

P.O. Box 530
Columbus, OH 43216-0530

License number assigned

MF 207
Rev. 2/00

Registration as a Transporter of Motor Fuel

For sole owner, print individual's name, address, owner's SSN and FEIN of the business. For a partnership, print full name, address and SSN of all partners and the partnership's FEIN. For an LLC or LLP, print the full name, address and SSN of all members. For a corporation, print the corporate name, corporation charter number issued by the Secretary of State authorizing business in Ohio and the corporation's FEIN. Use a separate piece of paper if necessary.

Under penalties of prosecution, no person shall make a false or fraudulent statement on this application.

1. Name of registrant _____
(If you are a corporation, **DO NOT** use your name, use the corporation name.)

FEIN _____ SSN _____ Telephone _____

Fax _____ E-mail _____

2. Trade name if other than above _____

3. Check whether applicant operates as: Sole owner Partnership Corporation LLC LLP
 Association Other (list) _____

4. If a corporation, date of qualification _____

List name, address and SSN of all corporate officers and directors

5. If a corporation, state name and address of statutory agent

6. If partnership, list name, address and SSN of all partners. If LLC or LLP, list name, address and SSN of all members.

7. Business address (P.O. boxes not acceptable)

8. Mailing address (if other than that shown on line 7)

9. Is your company owned or controlled by any other person or corporation? Yes No If yes, give name, address and FEIN or SSN or the other person/corporation.

Signature of dealer or officer of company

Title

Date

Return original application to the Ohio Department of Taxation, Motor Fuel Tax Refund Unit, P.O. Box 530, Columbus, OH 43216-0530. Retain copy for your files. Direct any questions to (855) 466-3921 or fax (614) 752-8644.