



Application for Registration under Articles 12-A and 13-A

Read Form TP-650-I, Instructions for Form TP-650, carefully before completing this form. Attach additional sheets as necessary to fully answer all questions.

Print or type. All applicants must complete lines 1 through 14.

1 Legal name	
2 Trade name/DBA (if different from above)	
3 Address of principal place of business (number and street) (cannot be a PO box) City State ZIP code	
4 Mailing address (if different from business address)	
5 Business telephone (include area code) ()	6 Date business began or will begin in New York State
7a Federal employer identification number	7b Other federal employer identification number
8 Type of organization (mark an X in one or more boxes) <input type="checkbox"/> Sole proprietor (individual) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited liability partnership (LLP) <input type="checkbox"/> Limited liability company (LLC) <input type="checkbox"/> Other (specify) _____	
9 Do you have an IRS Letter of Registration as a result of filing a federal Form 637, Application for Registration (For Certain Excise Tax Activities)? <input type="checkbox"/> Yes (attach a copy) <input type="checkbox"/> No	
10 Types of registration Mark an X in the appropriate box for which this form applies (see instructions): <input type="checkbox"/> New applicant <input type="checkbox"/> Change of registration <input type="checkbox"/> Transfer of registration Mark an X in the box(es) for the license/registration for which you are applying and complete the lines indicated (see line 10, Types of registration, in the instructions): a. <input type="checkbox"/> Distributor of diesel motor fuel (lines 1-17 and 23) g. <input type="checkbox"/> Importing/exporting transporter (lines 1-14, 19, and 23) b. <input type="checkbox"/> Retailer of heating oil only (lines 1-16 and 23) h. <input type="checkbox"/> Terminal operator (lines 1-14, 20, and 23) c. <input type="checkbox"/> Distributor of kero-jet fuel only (lines 1-16, 21, and 23) i. <input type="checkbox"/> Distributor of motor fuel (lines 1-16, 18, and 23) d. <input type="checkbox"/> Aviation fuel business (lines 1-14, 22, and 23) j. <input type="checkbox"/> Liquefied petroleum gas permittee (lines 1-14 and 23) e. <input type="checkbox"/> Residual petroleum product business (lines 1-16 and 23) k. <input type="checkbox"/> Direct pay permit for dyed diesel fuel (lines 1-17 and 23) f. <input type="checkbox"/> Retail seller of aviation gasoline (lines 1-16, 21, and 23)	

11 Activities (mark an X in all boxes that apply)

<p>A <input type="checkbox"/> Importing or causing to import product owned by the applicant into New York State for use, distribution, storage, or sale in New York State: <input type="checkbox"/> motor fuel <input type="checkbox"/> diesel motor fuel (includes No. 2 heating oil) <input type="checkbox"/> kero-jet fuel <input type="checkbox"/> residual petroleum product <input type="checkbox"/> other fuel _____</p> <p>B <input type="checkbox"/> Refining, manufacturing, compounding, blending, or otherwise producing within New York State: <input type="checkbox"/> motor fuel <input type="checkbox"/> diesel motor fuel (includes No. 2 heating oil) <input type="checkbox"/> kero-jet fuel <input type="checkbox"/> residual petroleum product <input type="checkbox"/> other fuel _____</p> <p>C <input type="checkbox"/> Enhancing diesel motor fuel</p> <p>D <input type="checkbox"/> Selling to other resellers in New York State: <input type="checkbox"/> motor fuel <input type="checkbox"/> diesel motor fuel (includes No. 2 heating oil) <input type="checkbox"/> kero-jet fuel <input type="checkbox"/> residual petroleum product <input type="checkbox"/> other fuel _____</p> <p>E <input type="checkbox"/> Electric utility requesting use of a direct pay permit for: <input type="checkbox"/> unenhanced diesel motor fuel <input type="checkbox"/> residual petroleum product</p>	<p>F <input type="checkbox"/> Selling at retail in New York State (other than at a filling station): <input type="checkbox"/> motor fuel <input type="checkbox"/> diesel motor fuel (includes No. 2 heating oil) <input type="checkbox"/> kero-jet fuel <input type="checkbox"/> residual petroleum product <input type="checkbox"/> other fuel _____</p> <p>G <input type="checkbox"/> Owner of a vehicle powered by: <input type="checkbox"/> liquefied petroleum gas <input type="checkbox"/> compressed natural gas <input type="checkbox"/> propane <input type="checkbox"/> other (identify) _____</p> <p>H <input type="checkbox"/> Retailing aviation gasoline at an airport</p> <p>I <input type="checkbox"/> Retailing kero-jet fuel and no other diesel product</p> <p>J <input type="checkbox"/> Industrial user: <input type="checkbox"/> diesel motor fuel (includes No. 2 heating oil) <input type="checkbox"/> residual petroleum product</p> <p>K <input type="checkbox"/> Importing kero-jet fuel into New York State in fuel tanks of aircraft</p> <p>L <input type="checkbox"/> Supplying passenger or cargo air carrier services to others</p> <p>M <input type="checkbox"/> Other (please explain) _____</p>
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12a List owner(s), officers, directors, partners, and responsible employees (*see instructions*). A corporation must also list all shareholders who own or control, directly or indirectly, more than 10% (25% or more if there are four or fewer shareholders) of its voting stock (*see instructions*).

Attach additional sheets if necessary.

Name	Social security number or FEIN	Type(s) of registration(s) (a-k) (<i>see instructions</i>)
Home address	Percentage of ownership	Title
City State ZIP code	Duties (a-g) (<i>see instructions</i>)	Telephone number ()
Name	Social security number or FEIN	Type(s) of registration(s) (a-k) (<i>see instructions</i>)
Home address	Percentage of ownership	Title
City State ZIP code	Duties (a-g) (<i>see instructions</i>)	Telephone number ()
Name	Social security number or FEIN	Type(s) of registration(s) (a-k) (<i>see instructions</i>)
Home address	Percentage of ownership	Title
City State ZIP code	Duties (a-g) (<i>see instructions</i>)	Telephone number ()

12b For a corporation only, enter the total percentage of voting stock held by all shareholders holding 10% or less of the voting stock, or less than 25% of the voting stock if there are four or fewer shareholders (*the percentage of voting stock in lines 12a and 12b must total 100%*) %

13 During the last five years, has the applicant or any person listed in line 12a:
 — owned or controlled, directly or indirectly, more than 10% (25% or more if there are four or fewer shareholders) of the voting stock of a business other than the applicant, **or**
 — been an employee of a business (other than the applicant) who was under a duty to file a return or pay taxes under Articles 12-A or 13-A on behalf of such business, **or**
 — been an officer, director, or partner of a business other than the applicant?

No Yes Complete below (*attach additional sheets if necessary*)

Name of other business	Federal identification number
Address (<i>number, street, city, state, ZIP code</i>)	
Name of person or applicant	Inclusive dates
Name of other business	Federal identification number
Address (<i>number, street, city, state, ZIP code</i>)	
Name of person or applicant	Inclusive dates

14 In the past five years, was any person listed in line 12a convicted of any crime, or was any person listed in line 12a associated with a business (as described in line 13) at the time the business was convicted of any crime (*see instructions*)?

No Yes Complete below (*attach additional sheets if necessary*)

Name of person	Name of business (if applicable)	City and state of arrest
Date of conviction	Court of conviction	Statute section convicted of violating
Disposition (fine, imprisonment, etc.)		
Description of charges:		

Lines 15 and 16 should be completed by a distributor of diesel motor fuel, retailer of heating oil only, distributor of kero-jet fuel only, residual petroleum product business, retail seller of aviation gasoline, distributor of motor fuel, and direct pay permit (dyed diesel fuel) applicants.

15 Depending on the type of registration for which you are applying, enter the number of gallons of fuel sold or used in each of the last three years (*see instructions*).

Year	Diesel motor fuel (gallons)	Kero-jet fuel (gallons)	Residual petroleum product (gallons)	Aviation gasoline (gallons)	Motor fuel (gallons)

16 Capacity of bulk storage tanks you own: _____ gallons.
 Capacity of bulk storage tanks you lease or rent from another: _____ gallons.
 Is any motor fuel stored on the site of these bulk storage tanks? No Yes

17 **Only distributor of diesel motor fuel and direct pay permit applicants should complete line 17.**
 a. Gallons of diesel motor fuel you expect to sell or use each month in New York State _____ gallons.
 b. Gallons included in 17a that you expect to sell for specific exempt purposes (see instructions) _____ gallons.
 c. Gallons of unenhanced diesel motor fuel (No. 2 fuel oil) included in 17a that you expect to sell to other registered distributors _____ gallons.
 d. Gallons of enhanced diesel motor fuel included in 17a and purchased tax paid in New York State _____ gallons.

18 **Only distributor of motor fuel applicants should complete line 18.**
 Enter the number of gallons of motor fuel you expect to import, manufacture, refine, produce, or compound each month in New York State. _____ gallons.

19 **Only importing/exporting transporter applicants should complete line 19.**
 a. Identify your method(s) of transporting motor fuel (truck, tractor-trailer, barge, tanker, pipeline, railroad, etc.) _____
 b. Gallons of motor fuel you expect to import into New York State during the next 12 months: _____ gallons.
 c. Gallons of motor fuel you expect to export out of New York State during the next 12 months: _____ gallons.
 d. List all terminals/storage facilities located in New York State where you load/unload motor fuel:

Location of terminal/facility

20 **Only terminal operator applicants should complete line 20.**
 a. List all terminals/storage facilities located in New York State where you will store motor fuel.

Location	Owned (O) or Leased (L)	Capacity	Method of supply	Method of distribution	Blending capability (Yes or No)	Type of fuel stored (premium or regular)	Amount of motor fuel handled during the last 12 months

b. For all leased terminals/storage facilities listed in line 20a, complete the following:

Location	Lessor's name and address	Lessor's federal ID or social security no.	Capacity leased	Lease expiration date

c. Do you lease or sublease any terminals listed in line 20a to other persons? No Yes If Yes, complete the following:

Location	Lessee's/sublessee's name and address	Lessee's/sublessee's federal ID or social security no.	Capacity leased	Lease expiration date

d. List principal suppliers of each terminal/storage facility:

Location of terminal/facility	Supplier's name and address	Method of transportation	Supplier's federal ID or social security no.	Amount supplied for last 12 months

e. List principal transporters from each terminal:

Location of terminal/facility	Transporter's name and address	Method of transportation	Transporter's federal ID or social security no.	Amount transported during last 12 months

21 Only distributor of kero-jet fuel only and retail seller of aviation gasoline applicants should complete line 21.

a. List all places located within New York State where you sell kero-jet fuel or aviation gasoline.

Name of place of business	Name of airport	Location of airport (street, city, county)	Type of fuel	
			Kero-jet	Aviation

b. Are all sales of kero-jet and aviation gasoline delivered directly into the fuel tanks of aircraft? No Yes

c. If you are registering as a *distributor of kero-jet fuel only*, do you sell any diesel motor fuel (other than kero-jet fuel at retail) at any location within New York State? No Yes

d. If you are registering as a *retail seller of aviation gasoline*, do you sell any motor fuel (other than aviation gasoline at retail) at any location within New York State? No Yes

22 Only aviation fuel business applicants should complete line 22.

Are you an airline (see page 1 of the instructions for the definition of an *airline*)? No Yes

If you are **not** an airline, would you prefer to file monthly tax returns instead of annual tax returns? No Yes

23 Signature (all applicants must complete line 23)

I certify that all information provided is true and complete, and that this application has been completed with the knowledge that making a willfully false written statement is a felony under section 1812(c)(1) of the Tax Law and a misdemeanor under sections 1812(c)(2), 1812-f(c)(1), and 1812-f(c)(2) of the Tax Law and section 210.45 of the Penal Law punishable by fines and penalties therein. I further declare that this application has been completed with the knowledge that making a false statement herein may result in the cancellation, suspension, or revocation of any license or registration issued by the Department of Taxation and Finance pursuant to the tax articles to which this form applies. I also understand that the Tax Department is authorized to investigate the validity of the accuracy of any information entered on this application.

Name (print)

Signature

Title

Date

()

Daytime telephone number

Additional attachments required

If you are applying for a license/registration as a *distributor or motor fuel, liquefied petroleum gas fuel permittee, distributor of diesel motor fuel, direct pay permit (dyed diesel fuel), retailer of heating oil only, distributor of kero-jet fuel only, residual petroleum product business, or retail seller of aviation gasoline*, you must submit:

- a current financial statement (to register as a *distributor of motor fuel*, your current financial statement must be a certified, unqualified statement); and
- a letter from each supplier that includes the following information:
 - the quantity and type of product that they agree to supply to you each month;
 - payment and/or credit terms; and
 - the terminals from which the fuel will be shipped and the method of shipment (ocean vessel, barge, tank truck, pipeline, etc.).
- a properly completed Form DTF-17, *Application for Registration as a Sales Tax Vendor*, if you are **not** currently registered as a sales tax vendor. This application will not be reviewed for approval unless you are registered for sales tax.

The Tax Department will notify you if you are required to file a bond or other acceptable security (see *Bonding requirements* in the instructions).

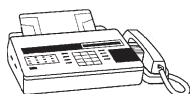
Send this completed application and all required documents to:

**NYS TAX DEPARTMENT
TTTB/FACCTS-REGISTRATION AND BOND UNIT
W A HARRIMAN CAMPUS
ALBANY NY 12227**

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Business Tax Information Center: 1 800 972-1233
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Hotline for the hearing and speech impaired:
If you have access to a telecommunications device for the deaf (TDD), contact us at 1 800 634-2110. If you do not own a TDD, check with independent living centers or community action programs to find out where machines are available for public use.



Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call 1 800 972-1233.