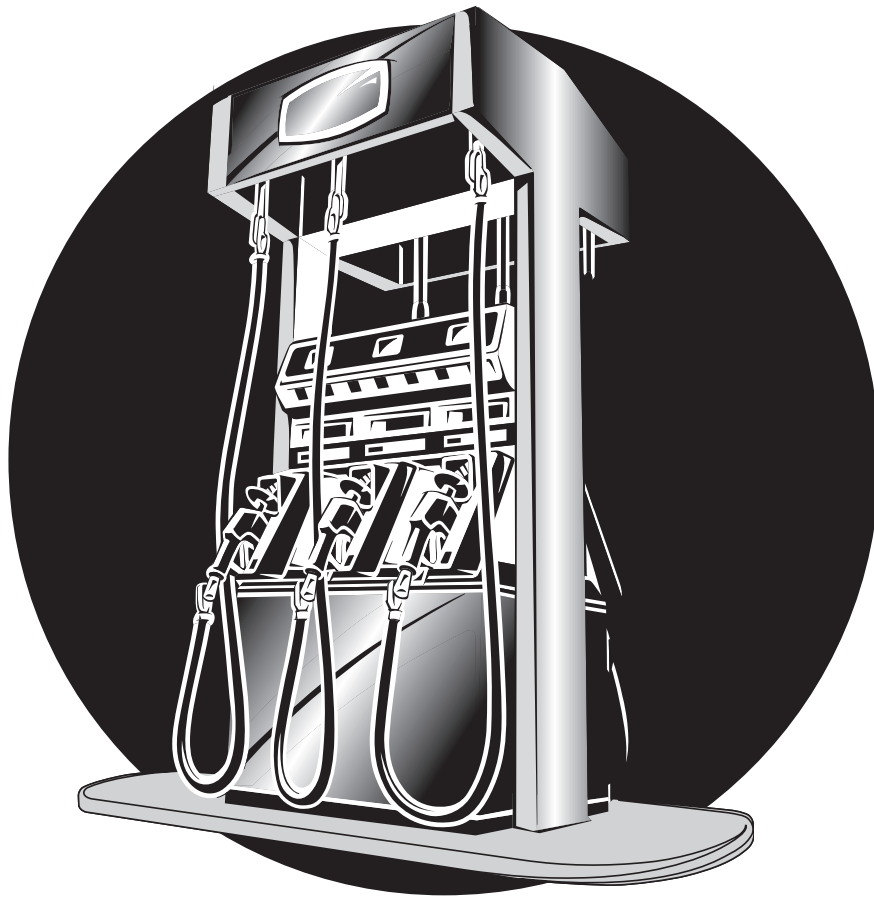


Fuel License Application Booklet



Booklet Includes:

- Fuel Distributors License Application Checklist
- Fuel Distributors License Application Instructions
- Fuel Distributors License Application
- COFTS Trading Partner Agreement

Checklist For Fuel Distributors License Applicants

The following checklist is provided to ensure your application is not missing information. We recommend you use this to aid you in completing your application. Forms may be accessed from our website, colorado.gov/tax

- Application:** Include all requested information, including all boxes marked “Yes” or “No”. If a field does not apply, please enter N/A. Application must be signed by owner, corporate officer or LLC member. If applying for an importer and/or exporter license, please enclose photocopies of your fuel distributor license(s) for the other jurisdictions.
- Fuel Distributors Bond:** Use form DR 7065 to submit the Fuel Distributor Bond. Bonds must be equal to three (3) times the estimated monthly tax liability not to exceed \$200,000.00. For fuels other than liquefied petroleum gas, the minimum bond allowed is \$25,000.00.
- Application for EFT Payments:** All fuel distributors are required to remit their tax payments via electronic funds transfer (EFT). The EFT application, form DR 5785, must be completed and included with the fuel distributor application packet.
- Financial Statement:** A report of assets, liabilities, net worth, income and expense must be included with the application. The documents must be signed, certified and notarized by the owner or authorized representative of the company. Financial statements with an opinion from a third party (independent auditor) may be accepted in lieu of a notary.
- Trading Partner Agreement:** Colorado law requires fuel excise taxes be filed via electronic filing through the Colorado Fuel Tracking System (COFTS). Please complete the trading partner agreement included in this application packet. Once the account has been approved and set up, the Colorado Fuel Tracking System personnel will email your log on information to the email address you provide on this form. If you do not receive this email within a few days of receiving your license, you may contact the Colorado Fuel Tax Unit at 303-205-8205.
- Fees:** Enclose check made payable to the Colorado Department of Revenue; \$10.00 application fee, plus \$5.00 for additional Colorado bulk storage locations (not including retail outlets).

Failure To Submit A Complete Packet Will Result In The Rejection Of The Application.

Fuel Distributors License Application Instructions

Who Must Apply: Any person or business operating in Colorado as a fuel distributor, supplier, importer, exporter, blender of fuel, carrier or terminal operator must be licensed as such.

Fuel distributors, suppliers, importers, exporters, and blenders of fuel are required to report on the monthly fuel tax return, form DR 7050 electronically through the Colorado Fuel Tracking System (COFTS), and to remit taxes each month via EFT payment.

Terminal Operators must be licensed in Colorado and provide their IRS terminal code. Third party terminal operators are required to report transactions for receipts to the terminal by position holder, disbursements from the rack by position holder, and provide an inventory by position holder. The report is not a tax report; it rather provides accountability of fuel products moving through the terminal. A separate report is required for each terminal.

Common or Contract Carriers are required to report all exports and imports of motor fuel leaving or coming into Colorado. All deliveries which are diverted from the bill of lading or manifest destination must be reported to the Colorado Department of Revenue within 24 hours of diversion.

Application Requirements: All requested information must be provided, including the application fees and the original bond. A license will be issued upon approval of the application. **Note:** *Allow four to six weeks to receive the license.* If the application is not approved, the applicant will be notified of the reason for the denial and the bond will be returned.

Completing The Application Form: For additional information or questions, call 303-205-8205 for assistance.

Part I: Indicate the type of ownership of the business by placing an 'X' next to the appropriate box.

Enter the name of the applicant (i.e., the person's name if an individual, or legal business name if a corporation, etc.)

Trade name registration for individual and general partnerships must be completed through the Colorado Secretary of State.

Provide the physical location where business will be conducted in Colorado. Do not use a P.O. Box. Provide the mailing address where your licenses and correspondence will be mailed.

Provide the social security number if the business is owned by an individual, or the FEIN for a business entity such as a corporation.

The account effective date is the date your business was purchased or the start date of your business. Check the box for all of your business operations.

- Part II:**
1. Check the type of fuel your company will receive and/or disburse in Colorado. Estimate your Colorado monthly sales and tax liabilities, your bond requirement is based on your tax liability. (See application form DR 7064, part II 3A., for minimum/maximum amounts.)
 2. Check the type of license(s) your company requires based on your company's operations. If you are an exporter or importer, you are required to have a distributor's license as well as an exporter or importer license. If you transport fuel for another company, you must be licensed as a carrier.

3. List the amount of the bond you are providing in the appropriate box.

Part III: You must provide the information requested on owners and partners. Changes in corporate/company officers as a result of changes of ownership or equity position amounting to 10% or greater in a twelve month period require notification to the DOR **within thirty days** of the change.

Part IV: You must provide the information requested on corporate officers. (Make a copy and include if additional space is required.) **Any change of ownership or equity interest amounting to 10% or greater in a twelve month period requires notification to the DOR within thirty days of the change.**

Part V: Provide all Colorado business locations, identify the type of fuel business, fuel storage, and fuel capacity at each location. A duplicate license is required for each additional Colorado location.

Part VI: Provide all information concerning imports and exports. If you are importing/exporting fuel to or from Colorado, you must provide your license number and jurisdiction (unless the other jurisdiction does not require a license - indicate by entering "Not Required"). If the license is required and not provided, the application will be denied. Indicate the type of fuel and gallons you will be exporting or importing.

Part VII: Provide all the requested information concerning the transportation of fuel.

Part VIII: All blenders must be licensed. You must provide the type and general characteristics of the products blended, purpose for blending, and the intended disposition of the blended products.

Part IX: Business/Financial Information - Provide the requested information.

1. List any other businesses in which you have an ownership or financial interest in Colorado.
2. Provide the information concerning your bank affiliation.
3. Attach the requested financial information.
4. The application fee is \$10.00 per application, plus \$5.00 for each additional Colorado location. (See Part V.)

The application must be signed by the owner, authorized partner or officer of the company.

Part X: Trading Partner Agreement - Fuel distributors, carriers, and terminal operators are required to file returns electronically through the Colorado Fuel Tracking System (COFTS). A Colorado motor fuel licensee must complete and sign the trading partner agreement. Please provide the email address of the party that will be responsible for reporting, as this is the email that the log on and password will be sent to.

Mail the completed application, fees and bond to:

Colorado Department of Revenue
Fuel Tax Unit, Room 200
P.O. Box 17087
Denver CO 80217-0087
(303) 205-8205



167064 19999

DR 7064 (01/08/19)
COLORADO DEPARTMENT OF REVENUE
Fuel Tax Unit, Room 200
P.O. Box 17087
Denver CO 80217-0087

Fuel Distributors License Application

New Application Amended Application

I. Type of Ownership
Registration Number
Individual General Partnership Other (Specify):
Corporation LLC

Primary Business Location
Taxpayer Last Name (owner, partners, or other business organization) First Name Middle Initial
Trade Name/Doing Business As (if applicable) FEIN (if individual, SSN)
Address of Principal Place of Business City State ZIP
County Telephone
Mailing Address (if different from above) City State ZIP
County Telephone
Email Address
Primary Business Operations Account Effective Date (MM/DD/YY)
Refiner Blender Wholesaler Retailer Broker Common Carrier
Terminal Operator Other

II. Business Operations/License/Bond Fee Information:
1. Check the type of fuel(s) for which your company transacts business and provide the monthly estimates for the following fuel types:
Monthly sales in gallons: Gasoline/Gasohol Special Fuel Aviation Gasoline Jet Fuel CNG LNG LPG
Tax rate per gallon: X \$.22 X \$.205 X \$.06 X \$.04 X \$.183 X \$.12 X \$.135
Monthly tax liability:
Total Monthly Tax Liability

2. Each type of fuel operation your company engages in must be designated on your fuel license. Per statute, you may be assessed civil penalties for performing any activity without being licensed for such.
Distributor Supplier Importer Exporter Blender Carrier Terminal Operator
IRS Terminal Code
(If Importer or Exporter - you must provide license information requested in Part VI, page 4.)
(If Importer or Exporter - you must also be licensed as a Distributor and report all fuel transactions for receipts and disbursements in Colorado.)
(If you have blending operations - you must provide information requested in Part VIII, page 5.)

3. License Bond
The total bond amount must be equal to three times the monthly tax liability, not to exceed \$200,000.00. For fuels other than liquefied petroleum gas, the minimum bond allowed is \$25,000.00.

Negotiable Bond Amount \$ 00 Surety Bond Amount \$ 00



167064 29999

DR 7064 (01/08/19)
COLORADO DEPARTMENT OF REVENUE
Fuel Tax Unit, Room 200
P.O. Box 17087
Denver CO 80217-0087

III. Ownership/Partnership Information

If your ownership is a corporation, is it publicly traded? Yes No If yes, on which Stock Exchange _____
If publicly traded, what is your stock symbol? _____.

Have you registered with the Colorado Secretary of State? Yes No

If your Corporation is publicly traded, list all equity share holders with an equity interest holding of 10% or more. All other types of ownership must list all owners. A copy of page 2, can be made if additional space is needed. Pre-printed lists are allowed if all the requested information is provided. (Name, Address, FEIN/SSN, Telephone, and Interest Owned)

(1) Owner or Partner Name (last, first, middle initial) (if corporation, state corporate name)	Ownership Equity Interest %	Telephone ()
Address (residence or P.O. Box, street, city, state, ZIP)		SSN (FEIN if applicable)
(2) Owner or Partner Name (last, first, middle initial) (if corporation, state corporate name)	Ownership Equity Interest %	Telephone ()
Address (residence or P.O. Box, street, city, state, ZIP)		SSN (FEIN if applicable)
(3) Owner or Partner Name (last, first, middle initial) (if corporation, state corporate name)	Ownership Equity Interest %	Telephone ()
Address (residence or P.O. Box, street, city, state, ZIP)		SSN (FEIN if applicable)
(4) Owner or Partner Name (last, first, middle initial) (if corporation, state corporate name)	Ownership Equity Interest %	Telephone ()
Address (residence or P.O. Box, street, city, state, ZIP)		SSN (FEIN if applicable)
(5) Owner or Partner Name (last, first, middle initial) (if corporation, state corporate name)	Ownership Equity Interest %	Telephone ()
Address (residence or P.O. Box, street, city, state, ZIP)		SSN (FEIN if applicable)
(6) Owner or Partner Name (last, first, middle initial) (if corporation, state corporate name)	Ownership Equity Interest %	Telephone ()
Address (residence or P.O. Box, street, city, state, ZIP)		SSN (FEIN if applicable)

IV. Corporation - Corporate Officers

Name	Title	Telephone ()
Name	Title	Telephone ()
Name	Title	Telephone ()
Name	Title	Telephone ()
Name	Title	Telephone ()

***Any change of ownership or equity interest amounting to 10% or greater within a twelve month period requires mandatory notification to the Colorado Department of Revenue within 30 days.**



167064 39999

DR 7064 (01/08/19)
COLORADO DEPARTMENT OF REVENUE
Fuel Tax Unit, Room 200
P.O. Box 17087
Denver CO 80217-0087

V. Colorado Business Locations - Provide the following information for each business location in Colorado in which you have an ownership. Attach additional copies of sheets if necessary.

Trade Name/Doing Business As _____

Street Address _____ City _____ State _____ Zip _____

Blending Facility Storage Facility Facility Service Station Wholesaler Broker Terminal IRS Terminal Code: _____

Type of Fuel Stored and Capacity at Location (*gallons*)
 Gasoline/Gasohol _____ Special Fuel _____ Aviation Gasoline _____ Jet Fuel _____
 CNG _____ LNG _____ LPG _____ Other _____
Duplicate fuel distributor license required Check Box

Trade Name/Doing Business As _____

Street Address _____ City _____ State _____ Zip _____

Blending Facility Storage Facility Facility Service Station Wholesaler Broker Terminal IRS Terminal Code: _____

Type of Fuel Stored and Capacity at Location (*gallons*)
 Gasoline/Gasohol _____ Special Fuel _____ Aviation Gasoline _____ Jet Fuel _____
 CNG _____ LNG _____ LPG _____ Other _____
Duplicate fuel distributor license required Check Box

Trade Name/Doing Business As _____

Street Address _____ City _____ State _____ Zip _____

Blending Facility Storage Facility Facility Service Station Wholesaler Broker Terminal IRS Terminal Code: _____

Type of Fuel Stored and Capacity at Location (*gallons*)
 Gasoline/Gasohol _____ Special Fuel _____ Aviation Gasoline _____ Jet Fuel _____
 CNG _____ LNG _____ LPG _____ Other _____
Duplicate fuel distributor license required Check Box

Trade Name/Doing Business As _____

Street Address _____ City _____ State _____ Zip _____

Blending Facility Storage Facility Facility Service Station Wholesaler Broker Terminal IRS Terminal Code: _____

Type of Fuel Stored and Capacity at Location (*gallons*)
 Gasoline/Gasohol _____ Special Fuel _____ Aviation Gasoline _____ Jet Fuel _____
 CNG _____ LNG _____ LPG _____ Other _____
Duplicate fuel distributor license required Check Box

Trade Name/Doing Business As _____

Street Address _____ City _____ State _____ Zip _____

Blending Facility Storage Facility Facility Service Station Wholesaler Broker Terminal IRS Terminal Code: _____

Type of Fuel Stored and Capacity at Location (*gallons*)
 Gasoline/Gasohol _____ Special Fuel _____ Aviation Gasoline _____ Jet Fuel _____
 CNG _____ LNG _____ LPG _____ Other _____
Duplicate fuel distributor license required Check Box



167064 49999

DR 7064 (01/08/19)
COLORADO DEPARTMENT OF REVENUE
Fuel Tax Unit, Room 200
P.O. Box 17087
Denver CO 80217-0087

VI. Import/Export/License Information

Imports:

Will you import fuel from another State? Yes No

If yes, list the state(s), supplier(s), license number(s), type(s) of fuel and gallons. (Attach additional schedule if necessary)

State	Your Lic# with State	Supplier Name	Supplier Lic#	Type Fuel	Gallons (Est)

Exports:

Will you export fuel from Colorado? Yes No

If yes, list the state(s), buyer(s), license number(s), type(s) of fuel and gallons. (Attach additional schedule if necessary)

State	Your Lic# with State	Buyer	Buyer Lic#	Type Fuel	Gallons (Est)

VII. Transportation Information – required of distributors, suppliers, exporters, importers & blenders.

Do you haul fuel for other entities (as a third party carrier and do not own the fuel)? Yes No

Do you transport fuel in company owned trucks in(to) Colorado? Yes No

If yes, number of company owned trucks_____. Fleet capacity in gallons_____.

If you transport fuel by other means, check those which apply and provide carrier name and address. (If additional space is required, attach information on additional sheet.)

Type	Carrier Name	Carrier Address
Pipeline		
Common Carrier/Contract		
Rail Car		
Other		



167064 59999

DR 7064 (01/08/19)
COLORADO DEPARTMENT OF REVENUE
Fuel Tax Unit, Room 200
P.O. Box 17087
Denver CO 80217-0087

VIII. Provide the following information for your blending operations (attach additional pages if necessary)

Product Blended
Purpose for Blending
Disposition of Products Blended

IX. Business/Financial Information

1. List any businesses in which you have an ownership or financial interest, located in Colorado.

Business Name	Address	City	State	ZIP

2. Bank Affiliation Information:

Account #	Name/Institution	Address	City	State	ZIP

3. A financial statement must be enclosed with this application to be processed. It should include a report of assets, liabilities, net worth, income and expenses. The documents must be signed, certified and notarized by the owner or authorized representative of the company. Financial statements with an opinion from a third party (independent auditor) may be accepted in lieu of a notary.

Colorado Fuel Application Fee	The application fee is \$10.00 per application and \$5.00 for each additional Colorado location.				
4. Application Fee(s)	\$	00	Additional Location Fee Amount(s)	\$	00

The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.

I declare under penalty of perjury in the second degree that the statements made in this application are true and complete to the best of my knowledge.

Type or Print Authorized Signature	Title	Make check payable to the Colorado Department of Revenue
Signature of Owner, Partner, or Corporate Officer	Date (MM/DD/YY)	

X. COFTS Trading Partner Agreement

Colorado Fuel Tracking System (COFTS)
www.cofts.com

Electronic Trading Partner Agreement

To file a monthly Colorado motor fuel tax return or report electronically, a Colorado Fuel Distributor, Carrier, or Terminal Operator must have a signed trading partner agreement on file with the Colorado Fuel Tracking System (COFTS). Specify your company name and contact information below. Electronic acknowledgements of received motor fuel tax returns and reports will be sent to the email address indicated below. Please print!

Company Name	Colorado Motor Fuel License (Department Use Only)
	_ _ _ _ _
Name	Phone
Email Address	Fax
<p>Each trading partner has a private, restricted area within COFTS, www.cofts.com, which is accessed by logging in with a username and password. You may specify a username and password in the fields below (at most fifteen characters, letters and digits only) or leave the fields blank and COFTS staff will select a username and password for you. Your username and password are not case sensitive.</p>	
Username (optional)	Password (optional)
<p>Each trading partner has an additional password that together with the trading partner's Federal Employer ID number (FEIN) or Social Security Number (SSN) acts as the trading partner's signature in a monthly motor fuel tax return or report. COFTS staff will select a ten-character, non case sensitive signature password for you.</p>	
Signature Password (leave blank)	
<p>If you are planning to use a Value Added network (VAN) to transmit your monthly motor fuel return or report to COFTS in the form of Electronic Data Interchange (EDI) data, please specify your VAN information in the following fields. Trading partners who plan to transmit EDI data should reference the COFTS EDI Implementation Guide on the COFTS website.</p>	
VAN Name (optional)	VAN Address ID (optional)
<p>I understand that by completing this agreement I will be able to file my monthly Colorado motor fuel tax return and report electronically through COFTS. However, I am still responsible for remitting any tax due to the Colorado Department of Revenue via EFT payment.</p>	
Authorized Signature	Date

Submit this form with your Fuel Distributor License application packet. A copy of this form will be returned to you after the Department and COFTS staff has completed the necessary fields and recorded the information.