



REG-8-A Motor Fuel and Other Fuel Information (Distributor, Supplier, Receiver, or Blender)

License issued
License number

Step 1: Application information

Do not write above this line.

Tell us if you are applying for a license as a distributor, supplier, and/or receiver.
Tell us if you are applying for a permit to blend. Yes No
Federal Employer Identification Number (FEIN)
Illinois Business Tax number (IBT)

Step 2: Identify your company (All information must be provided completely and accurately)

Business name, Attention, Doing business as (DBA) if applicable, Mailing Address (number and street), Principal place of business (number and street), City, State, ZIP, County, Telephone, Illinois agent (if out-of-state applicant) name (See instructions), Location of books and records (number and street), Mailing address (number and street)

Step 3: Complete the following ownership information

1 Ownership type: sole proprietor, partnership, corporation, other (specify)
2 Provide the following information for the sole-owner, all partners, or the president, vice-president, secretary and treasurer of the corporation. Attach additional sheets if necessary. Name, Title, Home address, City, state, ZIP, SSN, Date of birth
3 State in which incorporated, Date of incorporation
4 If you are an out-of-state company, are you registered in Illinois as a foreign corporation? Yes No
If no, you must contact the Illinois Secretary of State to determine if you must register as a foreign corporation.

Step 4: Tell us about your business

5 If you are an out-of-state company, will you sell motor fuel or other fuel in Illinois? Yes No
Motor fuel is defined as all volatile and inflammable liquids produced, blended, or compounded for the purpose of, or which are suitable or practicable for, operating motor vehicles; motor fuel includes special fuel.
Special fuel refers to all volatile and inflammable liquids capable of being used for the generation of power in an internal combustion engine, except that it does not include gasoline or combustible gases. Special fuel includes diesel fuel.
Fuel is defined as all liquids defined as motor fuel and aviation fuels and kerosene, but excluding liquified petroleum gases.
6 Tell us below if you are now or have ever been associated with any other corporation, company, or individual which has or had an interest in the sale or distribution of motor fuel/other fuels. If you are a corporation or partnership, tell us whether any officer, director, or partner was ever associated with any corporation, partnership, or individual which has had interest in the sale of motor fuel/other fuels. If not applicable, check this box.
Name of individual
Name of business
Motor Fuel License number, FEIN, SSN

7 Do you intend to import motor fuel or other fuels into Illinois? Yes  No  If yes, how often? \_\_\_\_\_

List all product types you intend to import: \_\_\_\_\_

List the states you intend to import from: \_\_\_\_\_

8 Do you intend to export motor fuel or other fuels from Illinois? Yes  No  If yes, how often? \_\_\_\_\_

List the products you intend to export: \_\_\_\_\_

List the states you intend to export to: \_\_\_\_\_

9 Will you blend: Yes  No ; compound: Yes  No ; manufacture: Yes  No  motor fuel/other fuels?

If you intend to blend with alcohol, give the name of your alcohol supplier. \_\_\_\_\_

If you intend to blend with soy, give the name of your soy supplier. \_\_\_\_\_

10 Tell us if your only activity with respect to motor fuel/other fuels is:  
production of alcohol in quantities of less than 10,000 proof gallons per year ; or,  
blending alcohol in quantities of less than 10,000 proof gallons per year .

11 Estimated number of gallons of motor fuel to be blended monthly.  
Gasoline \_\_\_\_\_ Special fuel \_\_\_\_\_ Dyed Diesel \_\_\_\_\_ Other (specify) \_\_\_\_\_

12 If you blend, estimate the number of gallons of blending agent(s) to be blended monthly.  
Alcohol/Ethanol \_\_\_\_\_ Soy/Biodiesel \_\_\_\_\_ 1-K \_\_\_\_\_ Other (specify) \_\_\_\_\_

13 Give a detailed description of the products to be used for blending. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14 Give a detailed description of the blending process used. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15 Identify the **location** and equipment used for blending. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16 Once blended, what do you intend to do with the blended product(s)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17 Tell us how you receive your motor fuel or other fuel. (Attach additional sheets if necessary.)

Types of transportation	Location of receipt (city and state)	Carrier owned/hired by your company		Carrier owned/hired by your supplier	
		owned <input type="checkbox"/>	hired <input type="checkbox"/>	owned <input type="checkbox"/>	hired <input type="checkbox"/>
Tank car (rail)	_____	owned <input type="checkbox"/>	hired <input type="checkbox"/>	owned <input type="checkbox"/>	hired <input type="checkbox"/>
	_____	owned <input type="checkbox"/>	hired <input type="checkbox"/>	owned <input type="checkbox"/>	hired <input type="checkbox"/>
	_____	owned <input type="checkbox"/>	hired <input type="checkbox"/>	owned <input type="checkbox"/>	hired <input type="checkbox"/>
Transport (truck)	_____	owned <input type="checkbox"/>	hired <input type="checkbox"/>	owned <input type="checkbox"/>	hired <input type="checkbox"/>
	_____	owned <input type="checkbox"/>	hired <input type="checkbox"/>	owned <input type="checkbox"/>	hired <input type="checkbox"/>
	_____	owned <input type="checkbox"/>	hired <input type="checkbox"/>	owned <input type="checkbox"/>	hired <input type="checkbox"/>
Barge	_____	owned <input type="checkbox"/>	hired <input type="checkbox"/>	owned <input type="checkbox"/>	hired <input type="checkbox"/>
Pipeline	_____	owned <input type="checkbox"/>	hired <input type="checkbox"/>	owned <input type="checkbox"/>	hired <input type="checkbox"/>
Other	_____	owned <input type="checkbox"/>	hired <input type="checkbox"/>	owned <input type="checkbox"/>	hired <input type="checkbox"/>

**18** Provide the following information on **all** your suppliers of motor fuel and/or other fuels. (Attach additional sheets if necessary.)

Company name and address	Phone	Location of receipt (city and state)
_____	(____)	_____
_____	(____)	_____
_____	(____)	_____
_____	(____)	_____
_____	(____)	_____

**19** Tell us **all** the motor fuel/other fuel license numbers held by your company, from your home state and other states.

(Attach additional sheets if necessary.)

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

**20** 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 amount leased \_\_\_\_\_

**21** 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 amount leased \_\_\_\_\_

**22** 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 - Please specify

**23** 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 - Please specify

**24** Do you own fuel transport trucks? Yes  No  If yes, how many? \_\_\_\_\_

Do you own tank wagons? Yes  No  If yes, how many? \_\_\_\_\_

**25** Estimate the number of gallons handled monthly in Illinois:

Gasoline \_\_\_\_\_ Special fuel \_\_\_\_\_ Dyed Diesel \_\_\_\_\_ Other fuels (specify) \_\_\_\_\_

**26** **Describe in detail all** of your intended monthly motor fuel/fuel operations in Illinois once licensed. (Attach a separate sheet if necessary.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

27 Identify your company's financial institution.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address (number and street)

\_\_\_\_\_  
City State ZIP

**Sign Below**

The person(s) that will be personally responsible for filing returns and paying the tax due **must** sign below. Acceptance of responsible party is designated by original signature of a corporate officer, owner or partner. *I accept personal responsibility for the filing of returns and the payment of taxes due.*

\_\_\_\_\_  
Responsible party (as listed in Step 3) Title Date

*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 stamps are **not** acceptable.*

\_\_\_\_\_  
Signature of owner, partner or authorized officer (as listed in Step 3) Title Date

Mail to:

MOTOR FUEL TAX AND REFUNDS SECTION  
ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19477  
SPRINGFIELD, IL 62794-9477

**Stamp corporate seal below**

If your company has no seal, check this box.



If you have questions, visit our website at **tax.illinois.gov** or call us weekdays between 8:00 a.m. and 4:00 p.m. at **217 782-2291**.



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