



Steven Bellone  
Suffolk County Executive

Frank Nardelli  
Commissioner

**SUFFOLK COUNTY DEPARTMENT OF LABOR, LICENSING & CONSUMER AFFAIRS**

P.O. Box 6100, Hauppauge, NY 11788-0099 (631) 853-4600 FAX (631) 853-4825

WEIGHTS & MEASURES

**MOTOR FUEL DISTRIBUTOR APPLICATION**

Complete this application and submit it to the Suffolk County Department of Labor, Licensing & Consumer Affairs, Weights & Measures, with the appropriate business papers. A check or money order in the amount of four hundred and twenty five dollars (\$425.00), which includes a one-time nonrefundable application fee of twenty five dollars (\$25.00), made payable to Suffolk County Consumer Affairs, should be sent with the application. Registration is renewable biennially for a fee of \$400.

**FAILURE TO SUBMIT BUSINESS PAPERS OR FAILURE TO SUBMIT MOTOR VEHICLE REGISTRATIONS WILL CAUSE THE APPLICATION TO BE DELAYED OR REJECTED**

The application must be signed by one of the principals as listed-owner (partner, corporate officer). Decals that must be posted on vehicles will be issued upon completion of the application process and review of the vehicle registrations submitted as proof of ownership. Each question must be answered completed. Enter "not applicable" where appropriate.

Business Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

If your business is not located in Suffolk County, please indicate the address of your local office.

\_\_\_\_\_ Phone \_\_\_\_\_

Name of the person to be contacted concerning the operation of your company in Suffolk County

\_\_\_\_\_

If the applicant has any of the following information, indicate the number:

New York State DOT Common Carrier Certificate # \_\_\_\_\_

New York State Tax Identification # \_\_\_\_\_

New York State Motor Fuel Tax Registration # \_\_\_\_\_

Type of business: \_\_\_ Terminal \_\_\_ Operator \_\_\_ Broker \_\_\_ Transporter \_\_\_ Other \_\_\_\_\_

Form of Business:

Individual proprietorship \_\_\_ Partnership \_\_\_

Individual proprietorship operating under a d/b/a or assumed name \_\_\_\_\_

Corporation incorporated under New York State Law \_\_\_\_\_

Foreign corporation incorporated under the laws of \_\_\_\_\_ (State)

If a partnership, please list names and addresses of principals:

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

*over*

If a corporation, please list names and addresses of officers:

President \_\_\_\_\_ Address \_\_\_\_\_  
Vice-Pres. \_\_\_\_\_ Address \_\_\_\_\_  
Secy. \_\_\_\_\_ Address \_\_\_\_\_  
Treas. \_\_\_\_\_ Address \_\_\_\_\_

Petroleum products distributed, transported or sold

\_\_\_ Gasoline \_\_\_ Diesel Fuel \_\_\_ Special Fuels \_\_\_ Aviation Fuel \_\_\_ Other(specify) \_\_\_\_\_

Terminals where you pick up products to distribute, sell, transport, etc.

Name of location \_\_\_\_\_ Address \_\_\_\_\_  
Name of location \_\_\_\_\_ Address \_\_\_\_\_  
Name of location \_\_\_\_\_ Address \_\_\_\_\_  
Name of location \_\_\_\_\_ Address \_\_\_\_\_

Use separate sheet for Additional Locations

**VEHICLE REGISTRATION:**

Do you own any vehicles that are used to transport gasoline within Suffolk County? Yes \_\_\_ No \_\_\_

If Yes, please attach a list of any vehicles that are owned by the applicant and are used to transport gasoline within Suffolk County, with a copy of the DMV registrations. Suffolk County Law requires the posting of a decal on the outside of all such vehicles.

A decal will be issued for each vehicle and must be affixed to the rear of the corresponding vehicle trailer on the left (driver’s side) lower quadrant of the tank. This decal must not be obliterated, defaced or altered in any manner.

**DECLARATION** (To be completed by applicant)

I declare under penalties of the Penal Law, that I prepared this application and that the statements contained herein are, to the best of my knowledge and belief, true and correct and that I have not knowingly and willfully made a false statement or given information which I know to be false in connection herewith.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**BUSINESS PAPERS MUST BE FILED WITH A  
MOTOR FUEL DISTRIBUTOR APPLICATION**

Applicant must attach the following:

- A) If incorporated, a copy of your **New York State Filing Receipt**.

OR

- B) If you are a dba, please provide a **dba Certificate** (To be obtained from the Suffolk County Clerk’s Office in Riverhead. Call (631) 852-2000 for information).

Return all to: Suffolk County Department of Labor, Licensing & Consumer Affairs  
P.O. Box 6100, Hauppauge, NY 11788-0099  
Attention: Weights & Measures

If you have any questions contact Weights & Measures at (631) 853-5730.