



Massachusetts Department of Revenue

Form JFT-1

License Application for User–Seller/Supplier of Aircraft (Jet) Fuel

Name of owner, partnership or other legal corporate name Phone number Federal Identification number

Street address (do not use PO box)

City/Town State Zip

Mailing address (if different from above)

City/Town State Zip

Fill in license type (no annual license fee required)

Supplier of aircraft (jet) fuel User–seller of aircraft (jet) fuel

Fill in if

New license application Renewal license application

Important Information

A supplier of aircraft (jet) fuel is any person who primarily sells or delivers aircraft (jet) fuel to a user–seller and customarily dispenses aircraft (jet) fuel from bulk storage facilities located and maintained outside airport property. A supplier may also include any person who imports aircraft (jet) fuel into the Commonwealth, except aircraft (jet) fuel contained in the usual tank or receptacle connected with the engine of an aircraft in the operation of which the aircraft fuel is to be consumed, or any person who otherwise would be a user–seller and who has been granted permission by the Commissioner of Revenue to qualify and be licensed as a supplier.

A user–seller of aircraft (jet) fuel is any person, not licensed as a supplier of aircraft (jet) fuel, who dispenses aircraft (jet) fuel, customarily from receptacles (fuel farms) within the airport property, into the fuel tanks of, or attached to, aircraft or including any such person who so dispenses aircraft (jet) fuel for consumption in such aircraft, owned, leased or operated by him.

Declaration

Pursuant to M.G.L. Ch. 62C, sec. 19A, I certify under the penalties of perjury that, to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required under law.

Name of corporation, or signature of individual Signature of corporate officer (mandatory, if applicable) Title

Federal Identification or Social Security number Date

Complete this application in full and fulfill excise tax bonding requirement. Mail both to: Massachusetts Department of Revenue, PO Box 7012, Boston MA 02204.

For DOR use only: Effective date Validation number



Name of owner, partnership or other legal corporate name

Phone number

Federal Identification number

Complete all areas below. Use additional sheets if needed.

Locations of aircraft (jet) fuel storage facilities in Massachusetts

**Storage capacity
(in gallons)**

1		
2		
3		
4		
5		
6		
7		

Names and addresses of sources of aircraft (jet) fuel supplies purchased last year in Massachusetts

**Gallons purchased
(in whole gallons)**

1		
2		
3		
4		
5		
6		
7		

Names and addresses of customers for aircraft (jet) fuel

**Gallons sold
(in whole gallons)**

1		
2		
3		
4		
5		
6		
7		

Fill in one:

Corporation Partnership Individual Other (specify)

State in which incorporated (if corporation)

Date of incorporation (mm/dd/yyyy)

Name of president

Name of treasurer

Name(s) of partner(s) (if partnership)

Date of formation of partnership (mm/dd/yyyy)

Date business started (if individual or other)