



Massachusetts Department of Revenue
Form SFT-1
Special Fuels License Application

This form, along with full payment, must be submitted for the license of the type checked and calendar year below.

Fill in if

New application (\$25 per license) Renewal application (\$25 per license)

Fill in license type (see "Important Notice" below)

User-seller of special fuels Supplier of special fuels

Name of licensee	Calendar year	Identification number
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Fill in type of identification number provided

Federal Identification number Social Security number Other (specify)

Address of principal place of business

City/Town	State	Zip	Phone number
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Address where records are maintained (if different from above)

City/Town	State	Zip
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Fill in type of organization

Corporation Partnership Individual Other (specify)

If corporation, state in which incorporated	Date incorporated (mm/dd/yyyy)	Name of treasurer
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If partnership, name of partners	Date formed (mm/dd/yyyy)
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If association, date formed	If individual, date business started (mm/dd/yyyy)
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Nature of business

Number of vehicles propelled by special fuels

Important Notice

A "user-seller" is any person, not licensed as a Supplier, who dispenses special fuel into the tanks of motor vehicles. User-sellers may not resell special fuel in bulk. User-sellers pay Massachusetts fuels excise at the time of purchase.

A "supplier" is any person who sells or delivers special fuels to a user-seller and any person who imports special fuels and resells or uses the same in a motor vehicle. Suppliers pay Massachusetts fuels excise with their monthly return. 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.

Signature	Date
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Name of organization	Authorized agent
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File this return and payment in full to: **Massachusetts Department of Revenue, PO Box 7012, Boston, MA 02204.** Make check payable to the Commonwealth of Massachusetts.

STAPLE CHECK HERE



Name of licensee

Calendar year

Identification number

Schedule A. Location and storage capacity for special fuel storage facilities located in Massachusetts

	Address	Storage capacity (in gallons)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

Schedule B. Special fuel supply sources

	Name	Address
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		