

Return original and copy to Tennessee Department of Revenue, Taxpayer Services Division, Andrew Jackson State Office Building, Nashville, TN 37242. Your permit number will be assigned and returned to you upon approval.

<b>1</b> * BUSINESS NAME AND LOCATION				<b>2</b> BUSINESS MAILING ADDRESS			
Business Name				Business Name			
Street, Highway, Community				Street,or Route, P.O. Box #			
City	County	State	Zip Code	City	State	Zip Code	

**3** IS THIS AGENCY A DIVISION OR UNIT OF ANOTHER ORGANIZATION?

☐ No

☐ Yes - Specify Parent Organization \_\_\_\_\_

**4 IS APPLYING AGENCY CONSTITUTED UNDER AN ACT OF THE TENNESSEE LEGISLATURE?**

☐ No

☐ Yes - Provide the code section reference which authorizes existing agency: T.C.A. Title No. \_\_\_\_\_

**5 IS THIS AGENCY OPERATED WITH FUNDS PROVIDED BY ANY OF THE FOLLOWING GOVERNMENTS?**

☐ a. Federal    ☐ b. State    ☐ c. County    ☐ d. Federal    ☐ e. Other - Specify \_\_\_\_\_

**6** IF REVENUE IS RECEIVED OTHER THAN BY DIRECT APPROPRIATION OR GRANT, IDENTIFY THE SOURCE AND EXPLAIN:

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**7** LIST THE GEOGRAPHICAL AREAS WITHIN WHICH THIS AGENCY RENDERS SERVICE, NAMING THE SPECIFIC COUNTY, CITY, DISTRICT, ETC.

a. \_\_\_\_\_ c. \_\_\_\_\_ e. \_\_\_\_\_

b. \_\_\_\_\_ d. \_\_\_\_\_ f. \_\_\_\_\_

**8 FOR WHAT PURPOSES WILL THE EXEMPT FUEL BE USED?**

☐ a. Heating      ☐ b. Operating Stationary Equipment      ☐ Highway Vehicles      ☐ Non-Highway Vehicles

Other Uses: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

9 INDICATE GRADES AND STORAGE CAPACITY (IN GALLONS) FOR EACH GRADE OF FUEL TO BE USED: SHOW "N/A" IF NOT APPLICABLE.			
GASOLINES	a. Regular	_____	DISTILLATES
	b. Premium	_____	
	c. Unleaded	_____	
	d. Other (Specify)	_____	
	a. Diesel	_____	
	b. Heating Oil	_____	
	c. Kerosene	_____	
	d. Jet Fuel	_____	
	e. Other (Specify)	_____	

**10** LIST LOCATIONS OF ALL OF THE AGENCY'S FUEL STORAGE TANKS: SHOW "N/A" IF NOT APPLICABLE.

a. (Number and Street) _____	(City) _____	(County) _____
b. (Number and Street) _____	(City) _____	(County) _____
c. (Number and Street) _____	(City) _____	(County) _____

<p><b>11 ARE ANY OF THE AGENCY'S STORAGE FACILITIES LEASED?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes _____</p> <p style="text-align: center;">Name of Lessor</p> <p style="text-align: center;">ATTACH COPY OF ALL LEASE AGREEMENTS</p>	<p><b>12 WILL CONTROL OF THE FUEL DISPENSED FROM THIS STORAGE BE HANDLED BY THIS AGENCY?</b></p> <p><input type="checkbox"/> No If no, By Whom _____</p> <p><input type="checkbox"/> Yes</p>
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**13 WILL THERE BE ANY EQUIPMENT SERVICED FROM THIS STORAGE OTHER THAN THAT OWNED OR LEASED BY THIS AGENCY?**

☐ No

☐ Yes - Explain:

<p><b>14 WILL ALL OWNED AND LEASED EQUIPMENT BE OPERATED SOLELY BY GOVERNMENT EMPLOYEES?</b></p> <p><input type="checkbox"/> No - Explain: _____</p> <p><input type="checkbox"/> Yes</p>	<p><b>15 WHO PRESENTLY SUPPLIES FUEL TO THIS AGENCY?</b></p> <p>(Name of Supplier) _____</p> <p>(Address) _____</p> <p>FLEET CARD <input type="checkbox"/> CREDIT CARD <input type="checkbox"/></p>
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**16** HOW MANY HIGHWAY GOING VEHICLES WILL BE SERVICED WITH THE TAX EXEMPT FUEL?  
\_\_\_\_\_

**17** STATE NAME AND TITLE OF INDIVIDUAL WHO WILL AUTHORIZE PURCHASES IF TAX EXEMPT FUEL.  
(Name) \_\_\_\_\_ (Title) \_\_\_\_\_

**18 LIST ONE OR MORE OFFICIALS FOR CONTACT BY THE DEPARTMENT OF REVENUE IF PROBLEMS ARISE:**

(Name) \_\_\_\_\_ (Title) \_\_\_\_\_ (Telephone, Area Code, Number) ( ) \_\_\_\_\_

(Name) \_\_\_\_\_ (Title) \_\_\_\_\_ (Telephone, Area Code, Number) ( ) \_\_\_\_\_

**19** ENTER YOUR FEDERAL EMPLOYERS IDENTIFICATION # 

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<input type="checkbox"/>	APPLIED FOR
<input type="checkbox"/>	NOT REQUIRED

**20** APPLICATION EXECUTED UNDER PENALTY OF PERJURY BY:

	Signature	Official Title	Date

**HAVE YOU ANSWERED EACH QUESTION COMPLETELY? AN INCOMPLETE APPLICATION WILL BE RETURNED.**

**\* IF YOU ARE A RESCUE SQUAD, PLEASE ATTACH COPIES OF YOUR CHARTER FOR A NON-PROFIT CORPORATION AND YOUR MEMBERSHIP IN THE TENNESSEE ASSOCIATION OF RESCUE SQUADS. IF YOU ARE A VOLUNTEER FIRE DEPARTMENT, PLEASE ATTACH A COPY OF YOUR NON-PROFIT CORPORATION CHARTER.**