

Michigan Department of Agriculture and Rural Development



1615 S HARRISON RD
 EAST LANSING MI 48823-5224
 Phone: 800.292.3939 Email: mdard-clu@mdard.michigan.gov
MOTOR FUEL RETAIL OUTLET LICENSE
NEW APPLICATION
 In Accordance with 1984 Public Act 44

STEP 1: ORGANIZATION INFORMATION			
*Ownership Type: Corporation LLC Partnership Sole Proprietor Joint Tenant Individual			
*Ownership Name:			
**Federal Identification #:			
Email Address:			
*Mailing Address:			
*City:	*State:	*Zip:	Office Use Only
STEP 2: BUSINESS INFORMATION			
*Business Name:			
*Address:			
*City:	*State:	*Zip:	*County:
STEP 3: CONTACT INFORMATION			
*Name (First & Last):		*Phone:	
Email:		*Address:	
*City:	*State:	*Zip:	*Date of Birth:
<i>❖ Michigan Resident Agent Required if Organization & Previous contact addresses are outside the State of Michigan</i>			
Contact Name:		Phone:	
Email:		Address:	
City:	State:	Zip:	Date of Birth:
STEP 4: LOCATION DETAILS			
*Number of Grades of Gasoline/ Diesel (1-10):			
*Number of Hoses Used to Dispense Gasoline/Diesel:			
*License Motor Fuel Retail Responsibilities (Check One)		<input type="checkbox"/> Both the Fuel and the Pumps	
<input type="checkbox"/> Only the Fuel	<input type="checkbox"/> Only the Fuel Pumps	<input type="checkbox"/> Neither the Fuel nor Fuel Pumps	

By Submitting this application I hereby verify and affirm that all information contained in this application is true and accurate

* Please note that all fields marked with an asterisk (*) are required and must be completed in order to process your license application
 ** Please note Federal Identification Number is not Required for Individual Ownership Types