



FET LICENSE APPLICATION

Calendar Year 2019

Initial Application:

Renewal:

If Renewal, please list current license number: _____

The application must be **TYPEWRITTEN** or completed in **BLUE INK**. If a line item is not applicable, indicate "N/A."
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED AND WILL BE DENIED.

FOR OFFICE USE ONLY

Type of License: _____

License Number: _____

Date Issued: _____

Processed By: _____

Check One (1) Only:

Separate applications must be completed for each type of license requested

DISTRIBUTOR

CARRIER

RETAILER

REFINER

1. Corporate or Business Name : _____

2. Tax Identification Number (TIN) : _____

3. Business Mailing Address : _____
(City, State, Zip) _____

Telephone No: _____ Fax No: _____

4. Physical Location of Business within the Navajo Nation (if applicable) :
(Street Address) _____
(City, State) _____

5. Land Status of Business Site (if applicable) :
Tribal Trust Business Site Lease Number : _____
Allotment Expiration Date : _____
Fee (Private)
Other (Explain) _____

6. Type of Business (Check One) :
Sole Proprietorship Partnership
Governmental Entity or Enterprise Corporation
Other (Explain) _____

7. Contact Person: _____ Telephone Number, if different from #3 (Above).
Title : _____
E-mail Address: _____

8.a. List names, titles and addresses of all *corporate officers* of your business (attach additional pages if necessary) :

Name and Title

Mailing Address

1 _____

2 _____

8.b. List names, titles and addresses of all *directors* of your business (attach additional pages if necessary) :

Name and Title

Mailing Address

1 _____

2 _____

8.c. List names, titles and addresses of all *general partners* of your business (attach additional pages if necessary) :

Name and Title

Mailing Address

1 _____

2 _____

8.d. List names, titles and addresses of all *shareholders** with controlling interests in your business (attach additional pages if necessary):

Name and Title

Mailing Address

1 _____

2 _____

*if ≤ 15 shareholders, list all; if more than 15 shareholders, list those with $\geq 5\%$ of ownership.

8.e. List names, titles and addresses of all *principal officers* of your business (attach additional pages if necessary) :

Name and Title

Mailing Address

1 _____

2 _____

9. Has the applicant, or any officer or director thereof, been convicted of a felony within the past 10 years?

Yes No

If yes, explain : _____

10. Has the applicant, or any officer or director thereof, been found to have violated any applicable Navajo Nation or Federal Law within the past 10 years?

Yes No

If yes, explain : _____

11. Has the applicant, or any officer or director thereof, had any temporary or permanent suspension or revocation of any license or other authorization pertaining to the distribution, carrying, transportation, refining, or retailing of fuel within the past 10 years?

Yes No

If yes, explain : _____

12. Submit Bond Application (*Distributors Only*).

Amount : _____

Date Posted with the Office of the Navajo Tax Commission : _____

Bonding Company : _____

13. Submit all applicable Form 100s for calendar year 2019 (*This may include Sales Tax for Carriers, and Sales Tax & Junk Food Tax for Retailers*).

14. Review Fuel Excise Tax Statutes & Regulations on the Office of the Navajo Tax Commission's website at: www.tax.navajo-nsn.gov (*Carriers, Distributors, Refiners, Retailers*).

15. Provide CURRENT Proof of Insurance (*This will include all trucks and trailers, and retail and refinery locations*).

16. Provide CURRENT Proof of valid State or Federal Carrier's License.

17. Provide Vehicle Identification Numbers (*This will include all trucks and trailers*).

18. Provide CURRENT Proof of Inspection and Certification for ALL trucks and trailers.

19. Provide CURRENT list of ALL authorized drivers and CURRENT Safety & Hazmat Training Certification for each driver (*Refiners & Carriers provide Safety Training Certificates for all personnel*).

I declare that the information contained in this document and any attachments thereto is true and correct to the best of my knowledge and belief pursuant to all Navajo Nation Laws and Regulations.

Taxpayer or Duly Authorized Agent Signature

Title

Print or Type Name

Date

CHECKLIST

Use this checklist to verify that the requested additional documentation has been included along with this application.
 Per FET Regulations 9.1023, failure to submit this checklist and any additional documents,
 may result in a \$500 per day penalty.
 It will also DELAY the processing of your license and a possible DENIAL letter may be sent.

**Taxpayer
Use Only**

**ONTC
Use Only**

- _____ Application Fee is enclosed (**\$100-Retailer & Refiner, \$150-Carrier, \$200-Distributor**), _____

- _____ The required bond amount has been determined and is attached (**Distributors Only**), _____

- _____ All required areas on the Bond Application have been completed (**Distributors Only**), _____

- _____ 2019 Form 100(s) completed for ALL applicable taxes (**Carriers, Distributors, Refiners, Retailers**), _____
(This may include Sales and/or Junk Food Tax)

- _____ Reviewed Fuel Excise Tax Statutes & Regulations on the Office of the Navajo Tax Commission website www.tax.navajo-nsn.gov (**Carriers, Distributors, Refiners, Retailers**), _____

- _____ Proof of **CURRENT** Insurance is enclosed (**Carriers, Distributors, Refiners, Retailers**), _____
(This includes all retail locations)

- _____ Proof of **CURRENT** Valid State or Federal Carrier's License is enclosed (**Carriers Only**), _____

- _____ Vehicle Identification Numbers (VIN) are enclosed (**Carriers Only**), _____
(This includes all trucks and trailers)

- _____ Proof of **CURRENT** Inspection and Certification for **ALL** Vehicles is enclosed (**Carriers Only**), _____
(This includes all trucks and trailers)

- _____ List of **ALL** Authorized Drivers is enclosed (**Carriers Only**), _____

- _____ Proof of **CURRENT** Safety & Hazmat Training Certification for **ALL** drivers is enclosed (**Carriers & Refiners Only**), _____

- _____ All areas of the application have been completed (**If it does not apply, indicate N/A**), _____

- _____ The application has been signed (**BLUE INK**), _____

- _____ Any other requested additional documents (Decal letters, etc.). _____