72A073 (10-06)
Commonwealth of Kentucky
DEPARTMENT OF REVENUE

APPLICATION FOR APPROVAL TO RECEIVE A REFUND OF TAX ON MOTOR FUELS CONSUMED BY CITY AND SUBURBAN BUSES, NONPROFIT BUSES, SENIOR CITIZEN TRANSPORTATION, AND TAXICABS

Must be accompanied by corporate surety bond. (Form 72A071)

Name _____ DBA _____

Street _____

City _____ State _____ ZIP Code _____

Telephone Number (include Area Code) ( ) _____

Federal Employer Id Number ___ ___ – ___ ___ ___ ___ ___ ___ ___

Indicate the type of organization: ☐ city and suburban bus company ☐ nonprofit bus company
☐ senior citizen transportation organization ☐ taxicab company

Number as shown on certificate for taxicabs (if applicable) _____

Number of vehicles operated _____

Does your group utilize Title III funds of the Older Americans Act in the provision of transportation services? ☐ Yes ☐ No

Address at which records are available for audit: Number and Street _____

City _____ County _____ State _____ ZIP Code _____

Number of gallons of motor fuels used in previous 12-month period _____

Does your company have bulk storage facilities? ☐ Yes ☐ No

City of operation _____

Have you ever had any license suspended or revoked which had been issued to you by the Commonwealth of Kentucky?

☐ Yes ☐ No *If answer is yes, attach a detailed explanation.*

Indicate the type of ownership: ☐ Individual ☐ Partnership ☐ Corporation
☐ Limited Liability Corporation ☐ Limited Liability Partnership
☐ Other (describe) _____

List names and addresses of partners or principal officers of corporation.

Name	Title	Address	FEIN or SSN

I declare under penalties of perjury that this application is made in good faith, and the answers given to the questions are true and correct to the best of my knowledge and belief.

Signature of Applicant	Print Name	Title	Date of Application

Mail application to Motor Fuels Tax Compliance Section,
Department of Revenue, P.O. Box 1303, Frankfort, Kentucky 40602-1303.