Form
TSOL-1
State Form 55497
(11-13)

Indiana Department of Revenue

Truck Stop Owner's License Application

This application must be renewed every two years.

Please print or type all information

Registration Year: _____

Section A: Taxpayer Information

Please submit this application to:
Indiana Department of Revenue
Special Tax Division
P.O. Box 6114
Indianapolis, IN 46206-6114
Fax: (317) 615-2691
Email: fetax@dor.in.gov

Has this location been registered for a truck stop owners license before? Yes No
If yes, please provide your license identification number: _____

Legal Entity Name	Indiana Taxpayer ID (TID) Number
DBA Name (if applicable)	Federal Employer ID (FEIN) Number
Registered Retail Merchant Certificate (RRMC) Number	Social Security Number (SSN) if an FEIN is not assigned

1. Physical Correspondence Mailing and Credential Mailing Address(es):

Indiana Physical Business Address	Correspondence Mailing Address (if different from physical address)	Credential Mailing Address (if different from physical address)
Street Address		
City, State, Zip		
County		

2. Business Entity Information:

Sole Owner | Partnership | Corporation | LLC Government Other _____

Please complete the following information if you selected a Business Entity type of Corporation or LLC.

A. State of Incorporation	
B. Date of Incorporation	
C. State of Commercial Domicile	
D. If not Incorporated in Indiana, enter the date authorized to do business in Indiana	
E. Accounting period and year ending date	
F. If this entity is registered as an LLC, is this a single-member LLC?	Yes No

Owner, Partner, and Corporate Officer Information:

Last Name, First Name	Title (Owner, Partner, etc.)	Address	Social Security Number (in accordance with IC 4-1-8-1)

Contact Person:

Name: _____ Phone Number: _____

Email Address: _____ Fax Number: _____

Section B: Application for Truck Stop Owner's License

1. Does this truck stop have sales tax exempt or Trucks Only pumps? Yes No

2. How many sales tax exempt or Trucks Only pumps are at your location? _____

3. **Please indicate the types of fuel that are dispensed at your location:**

Type of Fuel Dispensed	Number of Pumps on Location	Gallons Dispensed in the Previous Calendar Year	How is this fuel stored? Please place a check mark in the corresponding box.	
			Underground storage tank	Above ground storage tank
Gasoline or Gasohol				
Clear Diesel				
Biodiesel				
Dyed Diesel				
Liquid Natural Gas (LNG)				
Compressed Natural Gas (CNG)				
Propane				
Kerosene				

4. **Supplier Information:**

Supplier's Company Name	Supplier's FEIN	Mode of Delivery	Estimated Deliveries Per Month

Truck Parking:

Does this location have truck parking spaces? Yes No

How many parking spaces are available? _____

Do the parking spaces provide APU hook-ups? Yes No

If yes, how many hook-ups are available?_____

6. **Other Services:**

Other Services Provided	Yes	No
Convenience Store		
Restaurant		
Motel/Hospitality Area		
Scales		
Truck Repair Center		
Office/Mailbox Services		

Applicant agrees, under penalty of perjury, that the information given on this Truck Stop Owner's License Application is, to the best of their knowledge, true, accurate, and complete.

Note: This form must be signed by an owner, a partner, or a corporate officer listed on the front of this application or by an authorized agent. If signed by an authorized agent, a properly completed power of attorney must be enclosed with this application.

Signature: _____ Printed Name: _____

Title: _____ Phone Number:_____ Date: _____

Instructions for Truck Stop Owner's License

This application must be renewed every two years.

What Is a Truck Stop Owner's License?

All truck stop owners are required to register their business location as of July 1, 2013.

Who Must File?

Individuals and companies based in Indiana who have qualified truck stops. A "truck stop" means a place of business designed for providing service to trucks and truck drivers, including selling fuel to truck drivers and providing support facilities for truck drivers. (IC 6-6-2.5-26.5)

How to Register for a Truck Stop Owner's License

You must first complete the application form, TSOL-1. Send the completed form to the Indiana Department of Revenue.

Once your application is processed, you will receive a certificate to display at your business location.

This application will need to be renewed every two years. Please submit your application 30 days prior to your license expiring. Upon renewal, you will receive another license valid for two years.

If you no longer have a business need for your Truck Stop Owner's License, please contact our office for instructions on how to close your account.

Questions?

If you need further assistance, you can email us at fetax@dor.in.gov or call us at (317) 615-2630 from 8:15 a.m. to 4:30 p.m., Monday through Friday.

Specific Instructions

Please see the instructions on how to complete the TSOL-1, Truck Stop Owner's License Application form.

Getting Started

To complete Form TSOL-1, have the following information available:

- Your federal employer identification number (FEIN).
- Owner, partner, or officer Social Security number(s) (SSN).
- Your Indiana TID number if already established.
- Your Registered Retail Merchant Certificate number, if already established.
- If this is a renewal form, please provide the Truck Stop Owner's License identification number, which can be located on your license.

Section A: Taxpayer Information

Renewal Information - Please identify whether this business has registered for a Truck Stop Owner's License before or whether this is a new registration. If this location has been registered please include your license identification number. Enter the year of registration on the line designated at the top of the application.

Legal Entity Name – Enter the legal entity name as it is registered with the Indiana Secretary of State or the Indiana Department of Revenue**.** The Special Tax section will register the applicant in the same name as registered with the Indiana Secretary of State or Indiana Department of Revenue.

DBA Name (if applicable) – Business trade name or assumed name.

Registered Retail Merchant Certificate (RRMC) Number – Your account number is the 10-digit number that is on your Retail Merchant Certificate. Your location number (LOC#) is a 3-digit number also on your Retail Merchant Certificate. If you have applied for but have not yet received your taxpayer identification number, indicate "applied for" in this area.

Indiana Taxpayer ID (TID) Number – Ten-digit Indiana taxpayer identification (TID) number. If you do not have an Indiana TID, leave the space blank and one will be assigned to you.

Federal Employer ID (FEIN) Number – Nine-digit federal employer identification (FEIN) number.

Social Security Number (SSN) if applicable – This is necessary for sole proprietor applications if an FEIN is not assigned.

Address(es) – Physical address of the business where records are located, including county. Other addresses should be filled out as applicable if different from physical address.

Business Entity Information – Indicate the type of business by checking the appropriate box. If you are a corporation or an LLC, complete lines A through F.

Owner, Partner, and Corporate Officer Information – List each owner, partner, or corporate officer along with their SSN. If more space is needed, attach additional sheets. Please see IC 4-1-8-1 for additional information.

Contact Person – The contact person should be an owner, a partner, or a responsible officer whom the department may contact. **If the contact is an authorized agent, a properly completed Form POA-1, Power of Attorney, must be enclosed with the application/renewal.**

Section B – Application For Truck Stop Owner's License

Line 1 - Check a box to indicate if this location has sales tax exempt or Trucks Only pumps.

Line 2 – If there are sales tax exempt or Trucks Only pumps, record the number of sales tax exempt or Trucks Only pumps at this location.

Line 3 – List the types of fuel dispensed through metered pumps at your location. Indicate the number of gallons per type of fuel dispensed in the previous calendar year. Please check the box for underground or aboveground storage tanks to identify how the fuel is stored at this location.

Line 4 – List the suppliers that provide fuel to this location; all information regarding the suppliers must be completed. (Please enclose an extra sheet if needed.)

Line 5 – Check the appropriate box if this location has truck parking spaces available. If yes, record the number of spaces available. If this location has truck parking spaces, record the number of auxiliary power unit (APU) hook-ups that are available.

Line 6 – Indicate all other services provided at this location.