PDL-1
State Form 55549
(3-14)

Indiana Department of Revenue

Propane Dealer's License Application

Application Fee $50

Departmental Use Only
License Number: _____
Effective Date: _____
Check Number: _____

Make your check payable to the IN Dept. of Revenue.
Mail both check and application to:
Indiana Department of Revenue
Fuel Tax, Bonds, and Licensing Section
P. O. Box 6114
Indianapolis, IN 46206-6114

Section A: Taxpayer Information

Contact the department at (317) 615-2625 for more information regarding this application.
Please print legibly or type the information on this application.

1. Owner name, legal name, partnership name, corporate name, or other entity name			2. Federal identification number (FEIN)	
3. Business trade name or DBA		4. Name of contact person (owner, partner, or corporate officer)		
5. Business location (P.O. box numbers cannot be used as business location addresses)	City	State	Zip Code	County
6. Mailing address	City	State	Zip Code	County
7. Business location telephone number	8. Fax number	9. Email address		
10. If your business is currently registered for any Indiana tax under this ownership, enter your taxpayer identification number (TID)				
11. Check the type of organization of this business: ☐ Sole proprietor ☐ Partnership ☐ Corporation ☐ LLC ☐ LLP ☐ Fed. gov. ☐ Other gov. ☐ Other _____				

12. All corporations answer the following questions

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 year ending date

13. Owner, Partners, or Officers (attach separate sheet if necessary.) **Social Security numbers are required in accordance with IC 4-1-8-1.**

Social Security Number	Last Name, First Name, Middle Initial	Title	Street Address, City, State, Zip Code

Section B: Signature Section

This section must be completed by all applicants.

I do hereby certify under penalty of perjury that the foregoing and attached information is true and correct to the best of my knowledge and is a complete and full representation based upon the best information available.

Signature: _____ Title: _____ Date: _____

Telephone number: _____ Email: _____

This application **must** be signed by the owner, general partner, corporate officer, or resident agent **before it will be accepted by the department**. (IC 6-8.1-3-4)

Instructions for Completing Propane Dealer's License Application

General Information

What Is a Propane Distributors License?
A person desiring to make alternative fuel sales in Indiana must be licensed by the department as a propane dealer before dispensing alternative fuel into a motor vehicle. This licensing requirement became effective as of Jan. 1, 2014, per IC 6-6-14.

"Alternative fuel" means a liquefied petroleum gas used in an internal combustion engine or motor to propel any form of vehicle, machine, or mechanical conveyance. The term includes all forms of fuel commonly or commercially known or sold as butane or propane.

How to Apply for a Propane Dealer License
You must first complete the application form, PDL-1. Send the completed form, along with the application fee of $50, to the Indiana Department of Revenue.

Indiana Department of Revenue
Fuel Tax, Bonds, and Licensing Section
P. O. Box 6114
Indianapolis, IN 46206-6114

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

Important:
- All applicable questions must be answered. Failure to do so will result in a delay in processing and/or issuing your license(s).
- Please print legibly or type the information on your application.
- Any outstanding tax liabilities owed by the applicant or an owner, a partner, or an officer will delay application approval.
- To complete the license application, follow the section-by-section instructions.

  A propane dealer is responsible for ensuring that the motor vehicle into which the alternative fuel is being dispensed has a current Indiana Alternative Fuel Decal affixed to it or a current 72-Hour Alternative Fuel Trip Permit assigned to it (IC 6-6-14). Failure to do so may result in the propane dealer's license being rescinded by the department.

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 PDL-1, Propane Dealers License Application form.

Getting Started
To complete Form PDL-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

Section A: Taxpayer Information

All applicants must complete this section. The information requested is general taxpayer information. All requested information must be supplied.

1. **Owner Name, Legal Partnership Name, Corporate Name, or Other Entity Name.** If you are a sole proprietor, enter your last name, first name, and middle initial. If you are a corporation, enter your corporate name as listed on your corporate charter. If you are a partnership and have a legal partnership name, enter the name as recognized by the Internal Revenue Service. All government agencies should list their proper agency names.

2. **Federal Employer Identification Number.** Enter your federal employer identification number. According to federal guidelines, most partnerships and all corporations are required to obtain a federal employer identification number. This number is also required whenever you withhold federal income tax from employees, regardless of ownership type. If you have applied for a federal employer identification number but have not yet received one, indicate "applied for" on this line. You may get this number by completing the Internal Revenue Service Form SS-4. The Internal Revenue Service assigns your federal employer identification number to you.

3. **Business Trade Name.** If you operate your business using a trade or d/b/a name, enter that name.

4. **Contact Person.** Enter the name of a person within your organization whom the Indiana Department of Revenue may contact about fuel tax-related matters.

5. **Business Location.** Indicate the actual location of your business by providing the street address, city, state, Zip Code, and county. **Note:** *A post office box is not acceptable as a business location address.*

6. **Mailing Address.** Indicate the **mailing** address for your business. Include the street address, post office box, city, state, and Zip Code.

7. **Business Telephone Number.** Enter the telephone number of your business including the area code. If applicable, include an extension.

8. **Fax Number.** Enter the fax number of your business including the area code.

9. **Email Address.** Enter the email address of someone in your business who would receive email correspondence concerning fuel tax matters from the department.

10. **Indiana Taxpayer Identification Number.** The taxpayer identification number (TID) is applicable only if you have previously registered with the department. The TID is a 10-digit number as shown on the Registered Retail Merchant Certificate. If you have previously registered, enter your TID on this line.

11. **Ownership Type.** This line is used to indicate the type of ownership of your organization. You operate a **sole proprietorship** if you own the business as an individual. You operate a **partnership** if you have a business partner(s) owning a portion of the business. You operate a **corporation** if you filed with the Indiana Secretary of State or requested that office to authorize your business activities in Indiana. You are an **LLP** or **LLC** if you have been given such status from the federal government and have registered through the Indiana Secretary of State's Office. You are classified as **federal government** if you are a federal agency or a federally chartered organization (e.g. American Red Cross), national bank, or federal credit union. You have a government **(Other Government)** classification if you are a political subdivision of the State of Indiana. Such agencies include state, county, or city government; town boards; township trustees; and certain volunteer fire departments when under the control of the township trustee. **Other** entities are all other ownership types. Indicate what "other" organization you are registering for.

12. **Corporation Information.** This information is to be completed only if you are a foreign or domestic corporation.

    A. **State of Incorporation** is the state where your Articles of Incorporation are filed.

    B. **Date of Incorporation** is the date you incorporated.

    C. **State of Commercial Domicile** is the principal place from where your trade or business is directed or managed. Commercial domicile is not necessarily in the state of incorporation.

    D. **Enter the date you were authorized to do business in Indiana.** Authorization to do business in Indiana must be obtained from the Indiana Secretary of State's Office at (317) 232-6531 or www.in.gov/sos.

    E. **Accounting Period Year Ending Date** is the month and day your corporation closes its books. If you are on a calendar year, your accounting period date is December 31 (12/31). If you are on a fiscal year, the accounting period date will be any date other than December 31.

13. **Name of Owner and/or Officers.** List the following information regarding the owners, partners, or officers of your business. If the business is a sole proprietorship, enter your Social Security number, last name, first name, middle initial, title as owner, and home address. If the business is a partnership, enter each general partner's Social Security number, name, title of the partner, and home address. If the business is a corporation, enter the Social Security numbers and names of the corporate officers, their titles, and their home addresses. If the business is a government agency or other the type of ownership, enter the Social Security number(s), name(s), title(s), and home address(es) of the official officer(s). Social Security numbers are required in accordance with IC 4-1-8-1. Affiliates of the registering entity listed on Line 3 must provide the federal identification number, its entity name, and address as well as the names, addresses, and Social Security numbers of the affiliate's responsible officers or partners. Attach additional sheets if necessary.

Any time a company changes ownership or obtains a new federal employer identification number, a new license is required.