



# The State Of Mississippi

No. \_\_\_\_\_

## MISSISSIPPI DEPARTMENT OF AGRICULTURE AND COMMERCE

### PETROLEUM PRODUCTS INSPECTION DIVISION

P. O. Box 1609

Jackson, Mississippi 39215-1609

### APPLICATION FOR PERMIT TO MIX, BLEND AND/OR DISTRIBUTE ALCOHOL-GASOLINE BLENDS

As required by regulation 10 adopted pursuant to Section 75-55-5 Mississippi Code of 1972 application is hereby made for a permit to mix, blend and/or distribute alcohol-gasoline blends containing one percent or more of alcohol in the State of Mississippi.

1. Mixer/Blender/Distributor Name \_\_\_\_\_

2. Business or trade name \_\_\_\_\_

3. Address \_\_\_\_\_  
Street or Route City County State Zip

4. Mailing address (if different from above) \_\_\_\_\_  
Street or Route City County State Zip

5. Telephone number \_\_\_\_\_

6. Is the business of the applicant owned by (a) individual, (b) partnership, (c) corporation, or (d) cooperative?  
\_\_\_\_\_

7. If partnership:

Name of all partners	Address	Ages
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. If corporation:

(a) In what state incorporated \_\_\_\_\_

Date of incorporation \_\_\_\_\_

(b) **Officers** Name Address

President \_\_\_\_\_

Vice-President \_\_\_\_\_

Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

Chief Executive Officer \_\_\_\_\_

\_\_\_\_\_

(c) Principal office in State of Mississippi \_\_\_\_\_

9. How long has applicant been engaged in business for which application is made?

\_\_\_\_\_

10. How many retail dealers does applicant serve in Mississippi? (attach a listing of names and addresses of retail dealers served) \_\_\_\_\_

11. Total gallons of alcohol/gasoline blends mixed, blended and/or distributed in the State of Mississippi during the past twelve months. \_\_\_\_\_

12. Types of alcohol used by applicant in mixing, blending and/or distributing business.

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

13. Source(s) supplier(s) of alcohol used by applicant in mixing, blending and/or distributing (is) (are).

_____	Name	_____	Address
_____	Name	_____	Address
_____	Name	_____	Address

The undersigned applicant hereby certifies that all statements, information or schedules attached hereto are hereby made a part of this application and that all statements and information contained herein are true and correct.

This the \_\_\_\_\_ date of \_\_\_\_\_, 19\_\_\_\_\_.

\_\_\_\_\_  
Full name of applicant

\_\_\_\_\_  
Firm name

NOTE: Application must be signed. If partnership, each must sign. If corporation, corporate name must be signed in full with the officer's name or name of agent authorized to sign the application and title on lines below. Corporate seal must be impressed.

\_\_\_\_\_  
Corporate Name

\_\_\_\_\_  
By

\_\_\_\_\_  
Title

\_\_\_\_\_  
By

\_\_\_\_\_  
Title

Permits expire on June 30th next after issue and application must be made on or before July 1st each year thereafter.