



CITY OF SILVERTON
 306 S WATER STREET
 SILVERTON OR 97381
 PHONE: (503) 873-5321
 FAX: (503) 873-3007
 EMAIL: finance@silverton.or.us
 WEBSITE: <http://www.silverton.or.us>

City of Silverton, Oregon MOTOR VEHICLE FUEL DEALER CERTIFICATE

APPLICANT (LEGAL ENTITY NAME)

TYPE OF OWNERSHIP

- PROPRIETORSHIP
 CORPORATION
 PARTNERSHIP
 LIMITED PARTNERSHIP (LP)
 LIMITED LIABILITY PARTNERSHIP (LLP)
 LIMITED LIABILITY COMPANY (LLC)

I _____ being duly sworn, depose and say upon oath that I
NAME OF PRINCIPAL OR MANAGING AGENT

am the duly appointed and qualified _____ of the above named
OFFICIAL POSITION

entity organized under the laws of the State of _____

That the above listed name is the name under which this entity is duly authorized to transact business within the City of Silverton, Oregon.

That the managing agent of this entity (if appropriate) is:

NAME/TITLE	ADDRESS	EMAIL

That the principal officers, owners or members of this entity are:

NAME/TITLE	ADDRESS	EMAIL



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City of Silverton, Oregon MOTOR VEHICLE FUEL DEALER CERTIFICATE

That said company has made application to the City of Silverton for a license to operate as a dealer in motor vehicle fuel within the City of Silverton, Oregon.

That the principal place of business of said company with the City of Silverton is located at:

That complete detail and summary accounting records covering all purchases, receipts, sales, distributions, transfers of fuel stock and other transactions relative to all motor vehicle fuel handled within the City of Silverton, Oregon will be maintained and kept available for inspection at the following location:

That if the company is based outside of Oregon, the name and address of the Oregon Registered Agent is:

That the foregoing statements are made for the purpose of qualifying said company as being eligible to receive a license to transact its appropriate business as a DEALER in motor vehicle fuel within the City of Silverton, Oregon, in accordance with the provisions of City of Silverton Chapter 17.09.

IN WITNESS WHEREOF, I have hereunto set my hand this _____ day of _____, _____

 (SIGNATURE OF AFFIANT)

 ADDRESS

 STATE

 COUNTY

This instrument was signed before me on this _____ day of _____, _____

 PRINT NAME OF AFFIANT

 NOTARY PUBLIC

My commission expires: _____

The Affiant may be any one of the principal officers or members of a corporation, Limited Liability Company, Limited Partnership or Limited Liability Partnership or the owner in the case of a proprietorship.