



| | | | |
|------------------------------------|---------------------------------|-------------------|----------------|
| Missouri Motor Fuel License Number | Business Name Currently on File | Date (MM/DD/YYYY) | |
| _____ | _____ | ___/___/___ | _____ |
| Business Address Currently on File | | City | State ZIP Code |
| _____ | | _____ | _____ |

This form can be used to make changes to your motor fuel tax account. Only complete the section(s) that apply to the changes you wish to make.

Business Name Change Business Name (Doing Business As) To:

Name _____

Ownership Type Change to:

Corporation Missouri Corporation

Missouri Certificate of Authority Number _____

Sole Owner

Fictitious Name Business Partnership

Missouri Fictitious Name Number _____

Government Other

Owner Name Change to: (Use only if change results from change in type of ownership. If owner name changes due to transfer or sale, etc., a new application must be completed.)

New Legal Name of Owner _____ Current Phone Number (____) _____ - _____

If Sole Proprietor: Owner Social Security Number _____ Birthdate (MM/DD/YYYY) ___/___/_____

Responsible Person Change responsible persons, partners, officers, or members: (All information is required. Attach a supplemental list if necessary.)

Add Remove Title Begin or End Date (MM/DD/YYYY) ___/___/_____ Name (Last, First, Middle Initial) _____

| | | | |
|------------------------|------------------------|--|--------|
| Title | Social Security Number | Federal Employer Identification Number | |
| _____ | _____ | _____ | _____ |
| Birthdate (MM/DD/YYYY) | Home Address | | |
| ___/___/_____ | _____ | | |
| City | State | ZIP Code | County |
| _____ | _____ | _____ | _____ |

Add Remove Title Begin or End Date (MM/DD/YYYY) ___/___/_____ Name (Last, First, Middle Initial) _____

| | | | |
|------------------------|------------------------|--|--------|
| Title | Social Security Number | Federal Employer Identification Number | |
| _____ | _____ | _____ | _____ |
| Birthdate (MM/DD/YYYY) | Home Address | | |
| ___/___/_____ | _____ | | |
| City | State | ZIP Code | County |
| _____ | _____ | _____ | _____ |

Change Contact Person: A Power of Attorney (**Form 2827**) must be submitted for any person(s) listed as a contact if they are not an owner or officer of the company.

Registration Reporting

Contact Person

| | |
|---------------------------------|-------------------------------|
| Name | E-mail |
| Phone Number (____)____-____ | Fax Number (____)____-____ |

Registration Reporting

| | |
|---------------------------------|-------------------------------|
| Name | E-mail |
| Phone Number (____)____-____ | Fax Number (____)____-____ |

Address

Change Address to:

Physical Address Mailing Address Location of Books and Records

| | | | | |
|----------------|------|-------|----------|--------|
| Street Address | City | State | Zip Code | County |
|----------------|------|-------|----------|--------|

Attachments

- Attach original rider from bonding company covering change of name or physical address
- A new bond indicating change of ownership accompanied by new application

Signature

| | |
|---|-------------------------------------|
| Under penalties of perjury, I declare that the above information and any attached supplement is true, completed, and correct. | |
| Signature | Printed Name |
| Title | Date (MM/DD/YYYY) ____/____/____ |

Mail to: Taxation Division
P.O Box 300
Jefferson City, MO 65105-0300

Phone: (573) 751-2611
Fax: (573) 522-1720
E-mail: excise@dor.mo.gov

Visit <http://dor.mo.gov/business/fuel/>
for additional information.

Form 2796 (Revised 02-2014)

