

MASSACHUSETTS PORT AUTHORITY
MARINE FUELING LICENSE APPLICATION

1. Date of Application: _____
(Month) (Day) (Year)
2. Licensee: _____
(Per Business Certificate, Articles of Incorporation, or Declaration of Trust)
3. D/B/A: _____
4. Address: _____
(Street) (Apt.) (P.O. Box) (City) (State) (Zip Code)
5. Type of Entity: Corporation ____ Partnership ____ Sole Proprietorship ____ Trust ____
6. If Licensee is a Corporation, list state of incorporation: _____
7. If Licensee is a Trust, list place of filing Declaration of Trust: _____
8. E-mail: _____
9. Phone number (24-hour): ____ () - _____
10. Resident Agent: _____
(If Licensee is a corporation, resident agent must be authorized to receive legal process/notice.)
11. Contact Person: _____ Title: _____
12. Address: _____
(Street) (Apt.) (P.O. Box) (City) (State) (Zip Code)
13. E-mail: _____
14. Telephone Number (24 hour): ____ () - _____
15. Copy of Marine Fuel Resale Permit attached: ____ Yes ____ No Expiration Date: _____
16. Copy of Application for Permit (527 CMR 15.00) attached: ____ Yes ____ No
17. Insurance Certificate Attached ____ Yes ____ No Expiration Date: _____
18. Licensee's Spill Response Coordinator: _____
Name Telephone #
19. Licensee's Emergency Response Contractor: _____
Name Telephone#
20. Permit Fee: Amount: \$ _____ Check No: _____
(Check or Money Order Only)

CERTIFICATION: I certify that the above information is true and correct.

Signature of Licensee Printed Name Date Signed

Title (If signing on behalf of a corporation) Name and Address of at least one partner (If signing on behalf of a partnership)

MASSACHUSETTS PORT AUTHORITY
INSTRUCTIONS FOR MARINE FUELING LICENSE AND PERMIT

Application Process Checklist:

_____ **Step 1** – Complete, sign and date the Application and return to:

Mail to:

OR

Hand Deliver to:

Ms. Stella Hourd-Benamaisia
Maritime Business Manager
Massachusetts Port Authority
One Harborside Drive, Suite 200S
East Boston, MA 02128-2909

Ms. Stella Hourd-Benamaisia
Maritime Business Manager
Massachusetts Port Authority
212 Northern Avenue, East Building II
South Boston, MA 02210

with:

- A. Check for Permit Fee, payable to Massachusetts Port Authority (Application will not be processed without the Permit Fee).
- B. Copy of Business Certificate, Articles of Incorporation, or Declaration of Trust, as applicable
- C. Valid Insurance Certificate providing evidence of insurance coverage for the entire term as required by Article 9 of the Marine Fueling License. The Certificate must name Massport as an additional insured and must specify that coverage applies to “fuel service operations.”

Additional Instructions for Completing Application Form:

- A. The Application must be signed and dated by the Licensee, or the Licensee’s agent, if the Licensee is an individual. If the Licensee is a corporation, the title of the officer signing must be stated and the officer signing must be duly authorized. The state of incorporation must be provided. In the case of a partnership, the signature and full name and address of at least one of the partners is required. If the Licensee is a Trust, the signature and full name and address of at least one of the Trustees is required. The place of filing of the Trust must be provided. If Applicant is a d/b/a, any and all d/b/a names must be listed on the Application and the Business Certificates must be provided.
- B. Applicant shall provide the Authority with the name and contact number of its Spill Response Coordinator and also the name and contact number of its Emergency Response Contractor where indicated on the Application Form. No applications will be processed without this information.
- C. The Marine Fueling License provided to Applicant with this Application is for informational purposes only and should not be signed or returned to the Authority. The Applicant will be issued a Marine Fueling License for signature as part of Step 2 (see reverse side).

_____ **Step 2** – Once the Application has been processed (and if all of the required documents are in order), the Authority will issue a Marine Fueling License to the Applicant. Applicant shall:

- A. Sign and date the Marine Fueling License where indicated. The same person who signed the Application should sign the Marine Fueling License.
- B. If the Applicant currently possesses a valid Marine Fuel Resale Permit for fueling operations on Massport property, proceed to Step 3.
- C. If Applicant does not possess a valid Marine Fuel Resale Permit for fueling operations on Massport property, Applicant shall bring the Marine Fueling License to the Massport Fire Department with the Application for Permit (527 CMR 15.00) for sign off by the Chief. The Chief of the Massport Fire Department **will not** sign off on the Application for Permit unless the Applicant has a Massport Marine Fueling License.

_____ **Step 3** – Applicant shall attach a copy of its Application for Permit (527 CMR 15.00) and a copy of its Marine Fuel Resale Permit to the Massport Marine Fueling License (as Exhibit B) and return it to Massport (as specified in Step 1).

_____ **Step 4** – The Authority will issue a fully executed Marine Fueling License and a Marine Fueling Permit (Annual) to the Applicant. Applicant shall keep a copy of the Marine Fueling Permit (Annual) in each of its vehicles and/or in possession of the operator of the vessel/barge at all times while conducting Fuel Service operations on Massport property.