

ATTACHMENT - 2

PROJECT APPLICATION FORM

Biofuel Station Initiative: Driving Energy Independence for the Empire State

1. APPLICANT'S INFORMATION: Applicant is the entity that operates the station and will own the biofuel equipment.		
Applicant's Name:		
Applicant's Address:		
City, State & Zip+4:		
Phone Number:		Fax Number:
E-mail Address:		
Tax ID Number:		
Existing Facility or Proposed New Facility:		
2. CONTACT INFORMATION FOR LOCAL AUTHORITY HAVING JURISDICTION (Fire Marshal)		
Contact's Name:		
Contact's Address:		
City, State & Zip+4:		
Phone Number:		Fax Number:
E-mail Address:		
3. FACILITY DESCRIPTION		
Facility Name:		
Facility Address:		
City, State, & Zip+4:		
Phone Number:		Fax Number:
No. of Dispensers:		
Monthly Fuel Sales (Gallons):	Regular Unleaded:	Mid-Grade Unleaded:
	Premium Unleaded:	Diesel Fuel:
DEC and State Permits in Place:	Yes: No:	Local Permits in Place: Yes: No:
Require Technical Assistance:	Yes: No:	Brand Name of Station:
Retrofit of Existing Tank and Dispensers or New Installation:		
Do you accept the Standard Terms and Conditions set forth in the sample agreement (Attachment 4)? Yes: No: If no, attach a list of exceptions and suggested alternative terms.		
Type of biofuel to be sold:	E85 Ethanol:	Biodiesel:

