



CITY OF TULSA

APPLICATION FOR PERMIT TO RECEIVE OR DELIVER GAS WITHIN THE CITY, PURSUANT TO A LEASE OF ANY PIPELINE SYSTEM INSTALLED IN THE PUBLIC WAYS IN THE CITY OF TULSA.

PERMIT FEE:

An amount equal to three percent (3%) of the purchase price of natural gas transported and received or delivered within the City under the lease; plus, For all permittees not otherwise exempt from the payment of municipal sales tax, an amount equal to three percent (3%) of the purchase price of natural gas transported and received or delivered within the City under the lease.

PERMIT REQUIREMENTS:

- Permittee agrees to pay the fee set forth in Tulsa Revised Ordinances (T.R.O.), Title 35, Chapter 8, Section 802 to the City of its designated agent on a monthly basis, as directed by the City;
The permittee hereby subordinates its lease to the right of the City to construct, operate and maintain facilities in the public ways;
The permittee hereby grants to the City the right to audit at reasonable times the books and records of the permittee to verify the correct payment of the fee set forth in Tulsa Revised Ordinance, Title 35, Chapter 8, Section 802;
The permittee assumes jointly with the franchise holder the indemnification terms of the franchise insofar as the terms apply to the lease.

TO THE DIRECTOR OF FINANCE, TULSA, OK:

- The following information is submitted to the Director of Finance for the purpose of registering the below named consumer, and to obtain a permit to use or consume natural gas under the provisions of Title 31, Chapter 8, T.R.O. and amendments.
The applicant, as hereinafter set out, and in connection with such application makes the following statements and representations:

THE PERSON APPLYING AS OPERATOR OF THE FIRM (APPLICANT) IS A(N): CHECK APPROPRIATE BOX:

- Individual Partnership L.L.C. Corporation: Name of Corporation Leasee / Mgmt. Firm

FULL NAME OF THE PERSON APPLYING (APPLICANT) AND TITLE

NAME OF FIRM MANAGER

LOCAL ADDRESS OF FIRM (INCLUDING ZIP CODE)

LOCAL TELEPHONE NUMBER

OWNER OF FIRM ADDRESS OF OWNER

TELEPHONE NUMBER OF OWNER ()

What date did you assume possession and control of the firm and/or acknowledge responsibility for and made payment on any indebtedness incurred in operating the firm? month / day / year

ACCORDING TO YOUR ANSWER IN QUESTION NO. 1 ABOVE, COMPLETE ONE OF THE FOLLOWING:

INDIVIDUAL: BUSINESS ADDRESS, CITY, STATE & ZIP TELEPHONE NO.

RESIDENCE ADDRESS, CITY, STATE & ZIP TELEPHONE NO.

PARTNERSHIP:

NAMES OF PARTNER (S), BUSINESS ADDRESS, CITY, STATE & ZIP, TELEPHONE NO.

L.L.C.:

L.L.C. NAME: MAILING ADDRESS BUSINESS LOCATION TELEPHONE NO. () MANAGER OF L.L.C. NAMES OF MEMBERS

CORPORATION:

(CHECK ONE) Organized under Oklahoma law. Foreign (Not Oklahoma Corp.) DATE OF INCORPORATION

CORPORATION NAME: MAILING ADDRESS BUSINESS LOCATION TELEPHONE NO. () INDIVIDUAL IN CHARGE OF TULSA FIRM NAMES OF OFFICERS AND DIRECTORS OR TRUSTEES

4. IF INCORPORATED

SERVICE AGENT'S NAME ADDRESS, CITY, STATE & ZIP TELEPHONE ()

5. SALES TAX PERMIT NO. EXPIRES (DATE)

6. MANUFACTURER'S LIMITED EXEMPTION CERTIFICATE FROM SALES AND/OR USE TAX NO. TAX NO. EXPIRES (DATE)

7. NAME OF PERSON TO WRITE OR CALL REGARDING QUESTIONS ON FILED PERMIT RETURNS. NAME TITLE TELEPHONE ADDRESS CITY, STATE & ZIP

AFFIDAVIT: I, the undersigned, have carefully read the foregoing application for permit to use the public ways and swear that every statement made therein is true and correct and I am the duly authorized and appropriate individual to sign and swear to the accuracy of this application. Also, I acknowledge my responsibility to ensure that all fees and Public Ways Use Permit Returns are filed and remitted timely. Further, I assume any liability for the non-payment or non-filing of these fees. I acknowledge that non-filing and or non-payment of these fees could result in fines being imposed against me, and/or revocation of permit to use public right of way.

Note: If person signing represents the owner of the firm by power of attorney, please submit appropriate documentation to support this power.

STATE OF _____	SS.	COMPLETE IF AN INDIVIDUAL
County of _____		
Before me, the undersigned, a Notary Public, in and for said County, on this _____ day of _____ A.D., 20_____, personally appeared _____		
to me known to be the identical person who executed the within and foregoing instrument and acknowledged to me that he/she executed the same as his/her voluntary act and deed for the use and purposes therein set forth.		
Given under my hand and seal of office the day and year last above written.		
		(notary seal)
My commission expires _____		_____ Notary Public
		By _____ Individual

STATE OF _____	SS.	COMPLETE IF A PARTNERSHIP
County of _____		
Before me, the undersigned, a Notary Public, in and for said County, on this _____ day of _____ A.D., 20_____, personally appeared _____		
to me known to be the identical person who executed the within and foregoing instrument as its _____ General Partner and acknowledged to me that he/she executed the same as his/her voluntary act and deed of such partnership, for the use and purposes therein set forth.		
Given under my hand and seal of office the day and year last above written.		
		(notary seal)
My commission expires _____		_____ Notary Public
NAME OF PARTNERSHIP _____		By _____ Partner

STATE OF _____	SS.	COMPLETE IF A CORPORATION OR L.L.C.
County of _____		
Before me, the undersigned, a Notary Public, in and for said County, on this _____ day of _____ A.D., 20_____, personally appeared (PRINTED NAME OF OFFICER SIGNING AT RIGHT BELOW*) _____		
to me known to be the identical person who executed the within and foregoing instrument as its (TITLE OF OFFICER) _____ and acknowledged to me that he/she executed the same as his/her voluntary act and deed of such corporation or L.L.C., for the uses and purposes therein set forth.		
Given under my hand and seal of office the day and year last above written.		
		(notary seal)
My commission expires _____		_____ Notary Public
By _____ PRINTED NAME OF SECRETARY		_____ NAME OF CORPORATION OR L.L.C.
SECRETARY OF CORPORATION OR L.L.C. SIGNATURE _____		*By _____ SIGNATURE TITLE