



Questions: Call (902) 424-6300
Fax (902) 424-0702

1. Type of Ownership:

Proprietorship Partnership Corporation Other (Specify) _____

2. Principal Owner(s)/Officers(s) – Enter full name(s), titles(s) and address(es) of the proprietor, partners, or principal officers. (Attach supplementary list if required.)

Name & Title	Address	% Ownership

3. Bank Information

Bank Name _____

Street # Street Name City/Town Province Postal Code

4. Name and title of person responsible for financial records:

First Middle Last Name *(Please Print)*

Title Phone # Fax #

5. Department of Environment Approval (Only Required for Gasoline or Diesel Oil):

Motive Fuel Wholesaler Approval Number _____

6. Department of Labour and Advanced Education Approval (Only Required for Propane):

Class 1 Fuel Safety Licence Number _____

7. Fuel Volumes - Estimated annual quantity of fuel products handled in Nova Scotia:

Product	Litres	Product	Litres

8. List civic address of all bulk and retail locations conducting business in Nova Scotia.

9. List all fuel tax numbers with other jurisdictions (Attach supplementary list if required.):

Tax Number	Jurisdiction	Tax Number	Jurisdiction	Tax Number	Jurisdiction

10. Certification:

The above statements are hereby certified to be correct to the best knowledge and belief of the undersigned (owner or principal officer). The applicant hereby authorizes and consents to receipt of credit information by this department from time to time including the receipt of credit information from any credit reporting agency, credit bureau or any person or corporation with whom the applicant may have financial relations.

Name (please print): _____ Title: _____

Signature: _____ Date (D/M/Y): _____

The above applicant hereby makes application under the *Revenue Act* and agrees to comply with the requirements set out in the *Act* and *Regulations*.