



Mail this form to:

Service Nova Scotia
Audit and Enforcement
PO Box 22
Halifax, NS B3J 2L4

Business Applicant Profile Information

Business Name:

Operating Name

Canada Revenue Agency BN #:

N.S Registry of Joint Stock Companies #:

Business Site Location (Civic Address Not PO Box):

Street #	Street Name			Unit/Suite/Apt #
City/Town/County		Province	Country	Postal Code

Mailing Address for Correspondence (If Different):

Street, P.O. Box, RR #, Site #, etc.#

City/Town/County	Province	Country	Postal Code
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Office Location Where Records are Kept (Civic Address Not PO Box):

Street #	Street Name			Unit/Suite/Apt #
City/Town/County		Province	Country	Postal Code

Business Contact Information:

Name Title

Primary Home # Fax #

E-mail Address



Questions: Call (902) 424-6300

Products to Be Sold:
Please check the appropriate products Litres Estimated % of Revenue

- Taxable Gasoline
- Taxable Diesel
- Taxable Propane
- Taxable Aircraft Fuel
- Tax Exempt Marked Gasoline
- Tax Exempt Marked Diesel
- Tax Exempt Propane (Cooking, Heating, Lighting & Refrigeration)

Note: Taxable or tax exempt refers to provincial fuel tax
Tax exempt propane tank exchanges do not require this permit

1. Type of Ownership:

- Proprietorship:** One owner
- Corporation:** Limited or incorporated company with directors and officers
- Partnership:** An association or relationship between two or more individuals, corporations, trusts, or partnerships that join together to create a business
- 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
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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 #

E-mail Address

5. Fuel / Propane Primary Customers:

Business / Operating Names

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

Motive Fuel Wholesaler Approval Number

**7. Department of Municipal Affairs and Housing
Office of the Fire Marshall (Only Required for Propane):**

Class 1 Fuel Safety Licence Number

8. Nature of Business

List all fuel tax numbers with other jurisdictions (attach supplementary list if required):

Jurisdiction

Tax Number

List civic addresses of all bulk locations, retail locations, and any other associated companies doing business in Nova Scotia (attach supplementary list if required):

Enter a brief explanation why you are registering to be a Fuel Wholesaler in Nova Scotia:

9. 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 periodic submissions to this department of credit information including reports from credit reporting agencies, credit bureaus or any person or corporation with whom the applicant may have a financial association.

The applicant hereby authorizes and consents to providing financial statements and other financial information required by the department to assess the security requirement. The required security is reviewed periodically and subject to change.

Name *(please print)*:

Title:

Signature: _____

Date (D/M/YY):

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