



**Mail this form to:**

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

**Business Applicant Profile Information**

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**Business Name:**

Operating Name

**Canada Revenue Agency BN #:**

**N.S Registry of Joint Stock Companies #:**

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**Business Site Location** (Civic Address Not PO Box):

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

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**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

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**Business Contact Information:**

Name Title

Primary Home # Fax #

Email Address



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
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**3. Bank Information**

Bank Name

Street #	Street Name	City/Town	Province	Postal Code
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**4. Name and title of person responsible for financial records:**

First	Middle	Last Name <i>(Please Print)</i>
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Title	Phone #	Fax #
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**5. Department of Environment Approval  
(Only Required for Gasoline or Diesel Oil):**

Motive Fuel Wholesaler Approval Number

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

Class 1 Fuel Safety Licence Number

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

<b>Product</b>	<b>Litres</b>	<b>Product</b>	<b>Litres</b>
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**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.):**

<b>Tax Number</b>	<b>Jurisdiction</b>	<b>Tax Number</b>	<b>Jurisdiction</b>	<b>Tax Number</b>	<b>Jurisdiction</b>
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**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*.