



Mail this form to:

Service Nova Scotia and Internal Services
Your Energy Rebate Program
PO Box 771, Stn Central
Halifax, NS B3J 9Z9

Fax to: 902-424-0602

Business Applicant Profile Information

Business Name or Owner's Name: _____
Operating Name or Owner's 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

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 #

Email Address

Questions? Call: 902-424-5200 (Halifax Region) or 1-800-670-4357 (Toll-free in Nova Scotia)
Email: yourenergyrebate@novascotia.ca

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

3. Location of financial records:

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. Heating Energy Products Sold:

Furnace Oil Stove Oil Propane Wood Other

6. Delivery Method

- Home energy delivered to customer’s residence by retailer
- Home energy picked up at retailer’s location by customer

**7. (a) Department of Environment Approval
(Required for Furnace Oil or Stove Oil Retailer):**

Fuel Oil Retailer Approval Number

**(b) Service Nova Scotia Approval
(Required for Service Stations selling Furnace Oil or Stove Oil):**

Location Number - Vendor (Fuel Retailer) Permit

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

Class 1 Fuel Safety Licence Number

9. Estimated Annual Volumes & Number of Customers

Number of Customers:

Annual Volume Litres:

kWhs:

Cords:

10. Direct Deposit Yes No

My company has completed the attached direct deposit form (or currently has a direct deposit arrangement with the Nova Scotia Department of Finance).

11. Certification:

The above Statements Are Hereby Certified to Be Correct to the Best Knowledge and Belief of the Undersigned Owner/Partner/Principal Officer.

Name (*please print*): _____ Title:

Signature: _____ Date: