



**Mail this form to:**

Service Nova Scotia and Internal Services  
Business Registration Unit  
PO Box 1529  
Halifax, NS B3J 2Y4

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**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 #:**

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

Street #	Street Name	Unit/Suite/Apt #
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City/Town/County	Province	Country	Postal Code
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**Note: A separate application must be provided for each location where fuel sales occur.**

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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 #
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City/Town/County	Province	Country	Postal Code
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**Business Contact Information:**

Name	Title
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Primary Home #	Fax #
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Email Address

**Please Note:** The submission of an application with payment does not guarantee application approval.



Questions: Call (902) 424-6300  
Fax (902) 424-0602

Type of Application: New  Renewal

**Products to Be Sold - Please check  the appropriate products**

- 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  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
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**3. Location of financial records:**

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. Fuel / Propane Company (Agent) Supplier:**

Business / Operating Name

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

Motive Fuel Retailer 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. Particulars of Outlet:**

- Privately Owned
- Fuel Company
- Leased
- Propane Company Owned

**9. Method of Fuel Tax Payment:**

- At purchase (e.g. Time of fuel delivery)
- At retail (e.g. Sold to consumer)

**10. Certification:**

The above Statements Are Hereby Certified to Be Correct to the Best Knowledge and Belief of the Undersigned Owner/Partner/Principal Officer. I agree that upon issuance of a permit, the information contained thereon may be shared with fuel suppliers.

Name *(please print)*: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY FUEL OR PROPANE COMPANY**

\_\_\_\_\_ has appointed the above named licensee a sub-agent for the  
(Fuel Company Name)  
collection of tax under the Revenue Act.

This outlet was formerly operated by \_\_\_\_\_ under \_\_\_\_\_  
(Previous Operator of Business) (Vendor's Permit #)

Name of Authorized Representative *(Please Print)* \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date (D/M/Y) \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_