



Mail this form to:

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

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

Note: A separate application must be provided for each location where fuel sales occur.

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 _____

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

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. 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 Labour and Advanced Education Approval (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