



Mail this form to:

**P.O. Box 1529  
Halifax NS  
B3J 2Y4**

**Business Applicant Profile Information:**

**Business Name:**

\_\_\_\_\_  
Operating Name

Canada Revenue Agency BN #: \_\_\_\_\_

N.S Registry of Joint Stock Companies #: \_\_\_\_\_ (If applicable)

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

\_\_\_\_\_  
Street #                  Street Name    Unit/Suite/Apt #

\_\_\_\_\_  
City/Town/County                          Province                          Country                          Postal Code

**Business Mailing Address (If Different):**

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

\_\_\_\_\_  
City/Town/County                          Province                          Country                          Postal Code

**Business Contact Information:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Primary Phone #

\_\_\_\_\_  
Fax #



**Service Nova Scotia and  
Municipal Relations  
Provincial Tax Commission**

**Fuel Tax Application  
Bulk Vendor Permit**

Questions: Call (902) 424-6300  
Fax (902) 424-0702

Type of Application:

New  Renewal

Products to Be Sold - Please check <input checked="" type="checkbox"/> the appropriate products	
<input type="checkbox"/> Taxable Gasoline	<input type="checkbox"/> Tax Exempt Marked Gasoline
<input type="checkbox"/> Taxable Diesel	<input type="checkbox"/> Tax Exempt Marked Diesel
<input type="checkbox"/> Taxable Propane	<input type="checkbox"/> Tax Exempt Propane
<input type="checkbox"/> Taxable Aircraft Fuel	<input type="checkbox"/> Furnace Oil
	<input type="checkbox"/> Stove Oil

**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. Name and Title of contact person at Bulk Plant:**

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First Middle Last Name *(Please Print)*

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Title Phone # Fax #

**6. Storage Tanks**

Number of storage tanks above ground: \_\_\_\_\_

Size of storage tanks above ground: \_\_\_\_\_

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Number of storage tanks below ground: \_\_\_\_\_

Size of storage tanks below ground: \_\_\_\_\_

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**7. Department of Environment and Labour Approvals:**

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Motive Fuel Retailer Approval Number (Non Applicable for Propane)

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Office of the Fire Marshall Class 1 Fuel Safety Licence Number (Propane only)

**8. Temperature Correction:**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Are the products received temperature corrected? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are the storage tanks temperature corrected?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are your delivery trucks temperature corrected?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**9. 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: \_\_\_\_\_