



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

**Service Nova Scotia and Municipal Relations
 Provincial Tax Commission: Fuel
 Vendor Permit - Gasoline, Propane and Diesel Oil Retailers**

Type of application: Renewal New Application

(Please check the appropriate products)

PRODUCTS TO BE SOLD	
<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 (cooking, heating, lighting & refrigeration)
<input type="checkbox"/> Taxable Aircraft Fuel	

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 and Title	Address

3. Location of financial records:

Street # Street Name City/Town Province

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 and Labour Approvals:

Motive Fuel Retailer Approval Number (Non Applicable for Propane)

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

7. Particulars of Outlet:

Privately Owned

Leased

Fuel Company Owned

Propane Company Owned

8. Method of Fuel Tax Payment:

At purchase (e.g. Time of fuel delivery)

At retail (e.g. Sold to consumer)

9. 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