

# Application Form

## Restricted Use Fuel Tax Exemption Permit

For Heating Fuel Only

Ministry of Finance

PO Box 200

Regina, SK S4P 2Z6

Toll Free: 1-800-667-6102

Phone: 306-787-6645

SaskTaxInfo@gov.sk.ca

### PART A - BUSINESS INFORMATION

1. Does the business have a Federal Business Number? ☐ Yes ☐ No If 'Yes' provide (first 9 digits): 

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2. SK Start Date (YYYYMMDD): 

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3. Legal Name: Last Name, First Name if individual(s)

4. Operating Name: As it appears on the business's invoices ☐ Same as Legal Name

5. Mailing Address: Input primary mailing address on the first line and any alternate address on the second line

Mailing Address	City, Province	Postal Code	Comment
			Primary Mailing

6. Physical Location: Input head office on the first line and any additional locations on the second and third line

Street Address	City, Province	Postal Code	Country

### PART B - REGISTRATION INFORMATION

7. Does the business have a SK Corporate Registry Number? ☐ Yes ☐ No If 'Yes' provide: 

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8. Type of Ownership: Select one of the following

<input type="checkbox"/> Corporation:	Director Name (Last Name, First Name)	Director Name (Last Name, First Name)
<i>Includes Non-Profits and Co-operatives</i>	Director Name (Last Name, First Name)	Director Name (Last Name, First Name)
<input type="checkbox"/> Sole Proprietor	Owner Name (Last Name, First Name)	Drivers Licence PIC:
<input type="checkbox"/> Partnership	Partner Name (Last Name, First Name)	Federal BN/Drivers Licence PIC:
	Partner Name (Last Name, First Name)	Federal BN/Drivers Licence PIC:
<input type="checkbox"/> Joint Venture	Operator Name:	Federal BN/Drivers Licence PIC:
	Participant Name:	Federal BN/Drivers Licence PIC:
<input type="checkbox"/> Other <i>School Boards, RMs, etc.</i>	Type of Ownership:	Legal Name: Federal BN/Drivers Licence PIC:

### PART C - HEATING FUEL REQUIREMENT

9. Description of Heating Use and Equipment: Provide details regarding the heating use and type of equipment being used

Description of Heating Equipment Make/Model and Use	Liters of Fuel Required

**10. Indicate the months of operation if less than entire year:**

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**11. Associated Companies:** List any associated companies conducting business in SK

Business Name	Location (City, Province, Country)	Ownership (%)	Business Number

**PART D - CONTACT INFORMATION****12. Contact Information:** The business consents to the release of confidential information about their SK tax accounts to the representatives named below. By providing your email address, you consent to the use of this email address for exchange of information and communication purposes with the Ministry of Finance. It is your responsibility to advise the Ministry of Finance if this email address changes or should no longer be used for communication purposes.**Primary Contact**

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Business Name: \_\_\_\_\_ Federal Business Number: \_\_\_\_\_ ☐ Same as Applicant

Tel No. #1 (\_\_\_\_) \_\_\_\_\_ Tel No. #2 (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

**Alternate Contact**

Specify Use \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Business Name: \_\_\_\_\_ Federal Business Number: \_\_\_\_\_ ☐ Same as Applicant

Tel No. #1 (\_\_\_\_) \_\_\_\_\_ Tel No. #2 (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

**PART E - CERTIFICATION**

I certify that the information provided in support of this application is true in substance and in fact and that I am authorized to complete this application on behalf of the business named. I understand that any licence issued pursuant to this application is subject to the provisions of the corresponding legislation, and that any licence application or licence issued based on information that is materially false or inaccurate may be denied, suspended and/or cancelled. I authorize the Ministry of Finance to verify any information contained in this form with any entity that holds such information.

\_\_\_\_\_  
Applicant Name (please print)\_\_\_\_\_  
Tel No.\_\_\_\_\_  
Role/Title\_\_\_\_\_  
Signature of Applicant\_\_\_\_\_  
Date (YYYY-MM-DD)