

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: <i>Includes Non-Profits and Co-operatives</i>	Director Name (Last Name, First Name)	Director Name (Last Name, First Name)
	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

