

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 and third 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	Type of Ownership:	Legal Name: Federal BN/Drivers Licence PIC:

9. Nature of Business: Provide details regarding the primary nature of the business's SK operations

Description of the Type of Business and Product(s) or Service(s) Provided in SK	Est % of Revenue

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

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

PART C - CONTACT INFORMATION

11. Would the business like to securely report information to the Ministry electronically (e.g. SETS/E-File)? Yes No
 If 'Yes' the SK Electronic Tax Service (SETS) Application form **must** be completed.

12. Contact Information: The business consents to the release of confidential information about their SK tax accounts to the representatives named below.

Primary Contact	
Contact Name: _____	Title: _____
Business Name: _____	Federal Business Number: _____ <input type="checkbox"/> 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: _____ <input type="checkbox"/> Same as Applicant	
Tel No. #1 (_____) _____	Tel No. #2 (_____) _____ Fax No. (_____) _____	
E-mail: _____		

PART D - FUEL TAX REGISTRATION INFORMATION

13. **REMITTER:** Does the business have terminal storage over 10 million litres in SK? Yes No
 14. **MANUFACTURER:** Does the business intend to manufacture fuel products in SK? Yes No
 15. **IMPORTER:** Does the business intend to import fuel from outside SK? Yes No
 16. **EXPORTER:** Does the business intend to export fuel outside SK? Yes No
 17. **PROPANE DISTRIBUTOR:** Does the business intend to sell propane to other vendors for re-sale in SK? Yes No
 18. **MARKER:** Does the business intend to mark fuel in SK? Yes No
 19. **BULK DEALER:** Is the business a bulk fuel dealer / card-lock / key-lock operator? Yes No

If 'Yes' complete the following questions:

a. Is the business contractually obligated to purchase all fuel inventories from a single supplier? Yes No

If 'Yes' provide:

Supplier Name	Federal Business Number (if known)

b. What is the preferred method for reporting exempt sales and receiving permit status updates?
 Downloadable file from a secure website (file provided by SK Finance) Corporate Head Office (Branded Bulk Dealers only)
 Automated Up-Front Exemption System (AUFES)

c. What is the preferred method for receiving refunds of tax on sales reported and approved through AUFES?
 Issue Cheque Internal Credit on Return Direct Deposit (attach direct deposit form)

20. **RAILWAYS:** Does the business intend to operate a railway inter-jurisdictionally? Yes No

Part E and Part F must be completed if you answered 'Yes' to any of the questions 13-18 above or the business is a Bulk Dealer that is NOT contractually obligated to purchase all fuel from a single supplier.

PART E - FUEL INVENTORY INFORMATION

21. List your current or proposed fuel suppliers below:

Supplier Name	Location (City, Province)	Category of Product(s)	

22. Identify your SK inventory locations:

Storage Location	Storage Capacity (litres)	Marking	Blending
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

23. **Blending:** Describe the fuel blending process including products blended and blending proportions if fuel is being blended within SK

24. **Marking:** Complete the following tables if fuel is being marked within SK

Dye Supplier	Brand Name of Dye	Description of Dye Injection Equipment

25. Select the type(s) and identify the estimated monthly litres of fuel products you intend to acquire, produce and distribute:

	Category of Products	Manufactured in SK	Imported	Purchased Exempt in SK
<input type="checkbox"/>	Clear Diesel			
<input type="checkbox"/>	Dyed Diesel			
<input type="checkbox"/>	Heating Fuel			
<input type="checkbox"/>	Marked Diesel			
<input type="checkbox"/>	Jet Fuel			
<input type="checkbox"/>	Kerosene			
<input type="checkbox"/>	Liquefied Natural Gas			
<input type="checkbox"/>	Locomotive Fuel			
<input type="checkbox"/>	Clear Gasoline			
<input type="checkbox"/>	Dyed Gasoline			
<input type="checkbox"/>	Aviation Gasoline			
<input type="checkbox"/>	Compressed Natural Gas			
<input type="checkbox"/>	Liquefied Petroleum Gas <i>*includes propane</i>			
<input type="checkbox"/>	Other (specify) _____			
<input type="checkbox"/>	Other (specify) _____			
<input type="checkbox"/>	Other (specify) _____			

PART F - FINANCIAL INFORMATION

26. Identify your SK assets by category:

Category	SK Assets (\$)
Buildings	
Land	
Vehicles and Equipment	
Other; specify _____	

27. Other Jurisdictional Licences: Complete the following table if the business has been registered in other jurisdictions

Jurisdiction(s)	Type of Licence

28. Ensure the following information is submitted in order to process your application:

- Financial Statements Business Plan (if not existing business)

PART G - 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)