Application Form

Restricted Use Fuel Tax Exemption Permit For Heating Fuel Only

PA	ART A - BUSINESS INFORM	IATION											
1.	Does the business have	a Federal Business Number?	□ Yes	🗆 No	If 'Yes' provide (first 9	e digits):				Τ			
2.	SK Start Date (YYYYMMDD)):								Ť			
	. Legal Name: Last Name, First Name if individual(s)												
4.	Operating Name: As it ap	Deerating Name: As it appears on the business's invoices											
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 P	nysical 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					
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PA	RT B - REGISTRATION INI	FORMATION											
7.	Does the business have	a SK Corporate Registry Num	ber? 🗆	Yes 🗆	No If 'Yes' pi	rovide:				Τ			
8.	Type of Ownership: Select	ct <u>one</u> of the following											
Corporation: Director Name (Last Name, First Name) Director Name (Last Name, First Name)													
	Includes Non-Profits and Co-operatives	Director Name (Last Name, First Name) Director Name (Last Name, First Name)											
Sole Proprietor Owner Name (Last Name, First Name)					Drivers Licence PIC:								
	□ Partnership	Partner Name (Last Name, First Name) Federal BN/Drivers Li						Licence PIC:					
				Federal BN/Drivers Licence PIC:									
	Joint Venture	Operator Name: Federal BN/Drivers I					Licence PIC:						
		Participant Name: Federal BN/Drivers					vers L	Licence PIC:					
Other Type of Ownership: Legal Name: School Boards, RMs, etc.						Federal BN/Drivers Licence PIC:							
PA	RT C - HEATING FUEL REG	OUIREMENT											
		Jse and Equipment: Provide de	etails regardi	ing the h	eating use and type of	f equipmen	nt being	used		_			
	Description of Heating Equipment Make/Model and Use						Liters of Fuel Required						
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10.	Indicate the months of operation if less than entire ye	ear: Jan Feb Mar	Apr May Jun Jul Au	ug Sept Oct Nov Dec				
11.	Associated Companies: List any associated companies conducting business in SK							
	Business Name	Location	Ownership	Business Number				
		(City, Province, Country)	(%)					
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PA	PART D - CONTACT INFORMATION							
12.	Contact Information: The business consents to the rel	lease of confidential inform	nation about their SK ta	x accounts to the				
	representatives named below. By providing your ema			-				
	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: Title:							
	siness Name: Federal Business Number: 🔲 Same as Applicant							
	No. #1 () Tel No. #2 () Fax No. ()							
	-mail:							
	Alternate Contact							
	tact Name: Title:							
	Business Name:							
	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.								
		- • · ·						
Ар	licant Name (please print)	Γel No.	Role/Title					
<u> </u>	and any line of the second							
Sigi	nature of Applicant		Date (YYYY-MM-DD)					