

**Section 12 (2) Fuel Oil Vendor Licence Information**

1. Name of Applicant \_\_\_\_\_
2. Business Name \_\_\_\_\_
- 3a. Business Location \_\_\_\_\_
- 3b. Mailing Address \_\_\_\_\_
4. Accounting Office Address \_\_\_\_\_
5. Type of Ownership:  Corporation     Registered Association     Partnership     Individual Proprietor
6. Owners: If Corporation, name of officers; if Partnership, name of partners.

Title	Name	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

I, \_\_\_\_\_, \_\_\_\_\_  
(Name - Please Print) (Title - Please Print)

as a duly authorized officer of \_\_\_\_\_  
(Company Name - Please Print)

hereby CERTIFY that the information contained in this application is correct to the best of my knowledge and belief and hereby make application as required under the *Fuel Oil Tax Act* and undertake to comply with the provisions of this Act and the Regulations thereunder.

_____	_____
Date	Signature
_____	_____
Date	Signature

*(If the applicant is a corporation, the application shall be under SEAL of the Corporation. If a partnership, signatures of all partners are required.)*

Prepare in duplicate for EACH LOCATION requiring a licence pursuant to the Act. Return original to the:

Deputy Head  
 Department of Finance  
 Government of Yukon  
 PO Box 2703  
 Whitehorse, Yukon Y1A 2C6

Phone: (867)667-5345  
 Fax: (867)393-6217

# VENDOR PERMIT APPLICATION - PAGE 2

1. Have you ever had a Yukon Fuel Vendor's permit before? yes  no

If yes, under what name and what location? \_\_\_\_\_  
\_\_\_\_\_

Do you still require this permit? yes  no

2. Please give your operating name if it is different from your business name.  
\_\_\_\_\_

3. What is your operating season? from \_\_\_\_\_ to \_\_\_\_\_

4. Who is your major supplier? \_\_\_\_\_

Are you under contract with them? yes  no

Do you hold their fuel on consignment? yes  no

5. Which trucking company transports your fuel for you? \_\_\_\_\_  
\_\_\_\_\_

6. How are fuel deliveries verified? \_\_\_\_\_  
\_\_\_\_\_

7. Do you also sell tobacco products at this place of business? yes  no

If yes, what is your Tobacco Retailer's Permit Number? \_\_\_\_\_

8. Do you sell heating fuel? yes  no

If yes, do you deliver? yes  no

9. Please give the name and number of the person to contact in case of inquiries.

Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

## For Department Use Only

Permit No. \_\_\_\_\_ Date Issued \_\_\_\_\_

Authorized (for initial) \_\_\_\_\_