

1. Name of Applicant (legal name of business organization, proprietor or partners)

2. Registered Trade Name — if applicable (Doing Business As)

3a. Business Location

3b. Mailing Address

4. Accounting Office Address

5. Type of Ownership: Corporation Registered Association Partnership Sole Proprietor

6. Owners: If Corporation, names of officers; if Partnership, names of partners.

Title	Name	Address
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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 Phone: (867)667-5345
 Whitehorse, Yukon Y1A 2C6 Fax: (867)456-6709

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DISTRIBUTOR PERMIT APPLICATION - PAGE 2

1. Are you importing your own fuel?

2. Are you selling fuel directly to consumers or to licensed fuel vendors for resale?

3. Do you have a bulk facility in Yukon?

4. Do any vendors hold your fuel on consignment?

Which ones?

5. Which trucking company(ies) do you use?

6. Please provide the name(s) of the person(s) to contact in case of inquiries regarding your fuel tax returns.

Phone _____ Fax _____ Email _____

For Department Use Only

Permit No.

Date Issued

Authorized

(for initial)