

Activity _____ (please fill in with appropriate letter relating to operations, as listed below)

COMMERCIAL PURPOSES: OFF-ROAD USE ONLY

G – Stationary generators
 F – Fishing

L – Logging
 H – Outfitting

S – Sawmills

T – Trapping Permit
 M – Mining

B – Golf Courses

A – Farming
 W – Tourism

PLEASE INCLUDE COPIES OF THE FOLLOWING

B – Business License
 G – Property Assessment
 F – Commercial Fishing Permit
 L – Timber Permit
 M – Claim Documents or Water Licence

S – Sawmill Permit
 H – Outfitting Permit
 T – Trapping Permit
 A – Statutory Declaration, Property Assessment
 W – Wilderness Tourism Licence

1. Name of applicant _____
2. Name of business _____
3. Activity location _____
4. Operating season _____
5. Mailing address of activity location _____

6. Permanent address (if different from 5) _____

7. Telephone _____ Fax _____
8. Details of stationary and motive equipment
 (Briefly describe the purpose of each piece of equipment and attach another list if more space is required.)

| | MAKE/MODEL | SERIAL NUMBER | FUEL TYPE G/D | STATIONARY/ ON LOCATION ONLY (tax exempt) | ON GOVERNMENT MAINTAINED ROADS (taxable) |
|---|------------|---------------|------------------|-------------------------------------------------------------|------------------------------------------------|
| | | | | ANTICIPATED CONSUMPTION OF FUEL (LITRES) PER SEASON/YEAR | |
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| E | | | | | |
| F | | | | | |
| G | | | | | |
| H | | | | | |
| I | | | | | |

9. Activity A only – Farming

a)

| EQUIPMENT | USED FOR THE PRODUCTION OF | ACREAGE IF LAND USED |
|-----------|----------------------------|----------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

b) I declare that I am the farmer, or the authorized agent of the corporation or partnership, as described on this application. The corporation, the partnership, or I am actively engaged in commercial farming operations. Any exempt fuel purchased will only be used for eligible farming operations as described in the Yukon Fuel Oil Tax Act.

_____ (Signature)

10. Is there a separate storage tank for fuel purchased for exempt use? yes no If yes, what size? _____

How are the records maintained for exempt and taxable consumption of fuel? _____

11. List other commercial activities in which you are involved. _____

12. Fuel suppliers (Yukon and others)

| NAME | LOCATION |
|------|----------|
| | |
| | |
| | |
| | |

I, _____, _____ as a duly authorized
Print name Print title

officer of _____
Print company name

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.

SIGNATURE DATE

SIGNATURE TITLE

Mail this return to:
 Deputy Head, Department of Finance, Government of Yukon
 Box 2703, Whitehorse, Yukon Y1A 2C6
 phone (867) 667-5345, fax (867) 393-6217

For department use only

Permit number _____ Date issued _____

Authorized _____

The personal information requested on this form is collected under the authority of and used for the purpose of administering the **Fuel Oil Tax Act**. Questions about the collection or use of this information can be directed to the Yukon Department of Finance, Box 2703, Whitehorse, Yukon, Y1A 2C6, (867) 667-5343.