



**REGISTRATION INFORMATION FOR APPLICANTS OF  
RETAILER LICENCE UNDER THE REVENUE  
ADMINISTRATION ACT, PART III, GASOLINE TAX**

**PLEASE TYPE OR PRINT IN INK WHEN COMPLETING THIS FORM AND FORWARD TO:  
TAX ADMINISTRATION DIVISION, DEPARTMENT OF FINANCE, P.O. BOX 8720, ST. JOHN'S, NL A1B 4K1**

Will you be selling tobacco products at this location?  Yes  No  
If yes, please provide your Tobacco Retailer License # \_\_\_\_\_  
Are you currently registered under a Tax Program?  Yes  No Remitter Number \_\_\_\_\_

**PLEASE INDICATE BUSINESS TYPE**

Proprietorship  Partnership  Joint Vent  Association  Corporation ( attach copy of Certificate of Incorporation)

**LEGAL NAME**

**TRADE NAME ( if your business operates under a name other than the legal name )**

**COMPLETE MAILING ADDRESS**

Street/Box	Town/City	Prov/State	State Postal/Zip code
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**BUSINESS LOCATION ADDRESS ( if different than mailing address )**

Street/Box	Town/City	Prov/State	State Postal/Zip code
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**Contact Information ( should it be necessary to contact you for further information, please provide the following )**

Contact Name

Title

Phone

Facsimile

E-Mail

<b>ACCOUNTING RECORDS LOCATION ( if different than location address)</b>			
Street/Box	Town/City	Prov/State	State Postal/Zip code
<b>Contact Information ( should it be necessary to contact you for further information, please provide the following )</b>			
Contact Name		Title	
Phone	Facsimile	E-Mail	

<b>BANKING INFORMATION</b>			
Bank Name			
Street/Box	Town/City	Prov/State	Postal/Zip Code
Bank Number	Transit Number	Account Number	

<b>OWNERS AND DIRECTORS INFORMATION</b>				
Enter the name, date of birth, title and home address for the following;				
Proprietorship - Owner				
Partner - Two or more partners				
Corporation - Officers/ directors				
If there are more than two, please provide same on a separate sheet				
Name		Date of Birth		Phone number
Street/Box	Town/City	Prov/State	Postal/Zip code	
Owner <input type="checkbox"/>	Director <input type="checkbox"/>	Officer <input type="checkbox"/>	Partner <input type="checkbox"/>	Other <input type="checkbox"/> (specify) _____

Name		Date of Birth		Phone number
Street/Box	Town/City	Prov/State	Postal/Zip code	
Owner <input type="checkbox"/>	Director <input type="checkbox"/>	Officer <input type="checkbox"/>	Partner <input type="checkbox"/>	Other <input type="checkbox"/> (specify) _____

<b>Fiscal Year End</b>
<b>Federal business number</b>
<b>Commencement date of business</b>
<b>Commencement date of business in NL, if different from above</b>

PRODUCTS TO BE SOLD UNDER THIS LICENCE		
Automotive	Diesel, clear	Aviation gasoline
Automotive propane	Diesel, marked	Domestic jet Fuel
	Diesel, marine	Foreign jet Fuel

OTHER PRODUCTS TO BE SOLD	
Furnace oil	Stove oil
Kerosene	Propane

Will any sales be made where fuel will be delivered directly into a sea-going vessel?
Name of gasoline supplier

IF THIS BUSINESS HAS BEEN PURCHASED, LEASED OR OTHERWISE TAKEN OVER FROM A PREVIOUS OPERATOR, PLEASE PROVIDE THE FOLLOWING
Name of previous operator
Licence number of previous operator
Effective date of change-over

CERTIFICATION
I hereby certify that, to the best of my knowledge and belief, the information provided on this form is accurate.
Name ( please print ) _____
Signature _____
Title _____
Date _____

<b><u>Privacy and Confidentiality Notice</u></b>
<i>This information is collected for the purpose of the Department of Finance to process applications under the Revenue Administration Act. All information you provide, both personal and business related, will be kept confidential and compliant with the Access to Information and Protection of Privacy Act (<a href="http://www.assembly.nl.ca/Legislation/sr/statutes/a01-1.htm">www.assembly.nl.ca/Legislation/sr/statutes/a01-1.htm</a>).</i>
<i>If you have any questions regarding privacy and confidentiality please contact the Tax Administration division toll free at 1-877-729-6376.</i>