

**Government of Newfoundland and Labrador**

Department of Finance
Taxation and Fiscal Policy Branch
Tax Administration Division

**REGISTRATION INFORMATION FOR APPLICANTS OF
A GASOLINE AND CARBON PRODUCTS RETAILER LICENCE
UNDER THE REVENUE ADMINISTRATION ACT**

**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
Email : taxadmin@gov.nl.ca**

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 Venture Association Corporation (attach copy of Certificate of Incorporation)

LEGAL NAME

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

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COMPLETE MAILING ADDRESS

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

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

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

OWNERS AND DIRECTORS INFORMATION Enter the name, email address, phone number and title 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	E-Mail		Phone	
Title				
Owner <input type="checkbox"/>	Director <input type="checkbox"/>	Officer <input type="checkbox"/>	Partner <input type="checkbox"/>	Other <input type="checkbox"/> (specify) _____

Name	E-Mail		Phone	
Title				
Owner <input type="checkbox"/>	Director <input type="checkbox"/>	Officer <input type="checkbox"/>	Partner <input type="checkbox"/>	Other <input type="checkbox"/> (specify) _____

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

SELECT GASOLINE PRODUCTS TO BE SOLD UNDER THIS LICENCE	
Gasoline	Clear Diesel
Aviation Gasoline	Marked/Dyed Diesel
Propane/LPG (Liquified Petroleum Gas)	Marine Diesel
Other Taxable Gasoline	Foreign Jet Fuel
Other Non-Taxable Gasoline	Domestic Jet Fuel
	Bunker Fuel
	Kerosene
	Heating Fuel
	Furnace Oil
	Stove Oil
	Other Taxable Diesel
	Other Non-Taxable Diesel

SELECT CARBON PRODUCTS TO BE SOLD UNDER THIS LICENCE	
Gasoline	Light Fuel Oil
Propane	Kerosene
Butane	Heavy Fuel Oil
Ethane	Coke
Gas Liquids	High Heat Value Coal
Methanol	Low Heat Value Coal
Naphtha	Combustible Waste
Pentanes Plus	
Petroleum Coke	
Coke Oven Gas	
Marketable Natural Gas	
Non-Marketable Natural Gas	
Still Gas	

Will any sales be made where gasoline or carbon products will be delivered directly into a sea-going vessel?
Name(s) of Gasoline and Carbon products Supplier(s)

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. It is a serious offence to make false statements on this application.

Name (please print)_____

Signature_____

Title_____

Date (MM/DD/YYYY)_____

Privacy and Confidentiality Notice

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, 2015 (www.assembly.nl.ca/Legislation/sr/statutes/a01-2.htm).

If you have any questions regarding privacy and confidentiality, please contact the Tax Administration Division toll free at 1-877-729-6376.

If your business has ceased operations, please provide:

Date: _____

Contact Person: _____

Contact Phone #: _____