



Ministry of Finance
 33 King St W
 PO Box 620
 Oshawa ON L1H 8E9

Application to Register for a Fuel Acquisition Permit

Fuel Tax Act

Enquiries: 1 866 ONT-TAXS (1 866 668-8297)
 1 800 263-7776 Teletypewriter (TTY)

1. Applicant

Legal Name		Language of Choice	
Business or Trade Name	<input type="checkbox"/> Same as Legal Name	Business No.	<input type="checkbox"/> English <input type="checkbox"/> French

2. Business Address

Unit/Apt/Suite	Street Number and Name		Lot/Concession/RR No./Postal Stn	
City/Town		Province/State	Country	Postal/Zip Code
(Area Code) Business Telephone No.	Fax No.	Email Address		

3. Mailing Address Same as Business Address

Unit/Apt/Suite	Street Number and Name		Lot/Concession/RR No./Postal Stn	
City/Town		Province/State	Country	Postal/Zip Code

4. Head Office Address Same as Business Address Same as Mailing Address

Unit/Apt/Suite	Street Number and Name		Lot/Concession/RR No./Postal Stn	
City/Town		Province/State	Country	Postal/Zip Code

5. Type of Legal Entity Check applicable box (one only):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Association | <input type="checkbox"/> Non-Share Corporation |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Co-operative | <input type="checkbox"/> Trust |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Joint Venture | |

6. List all Owners, Partners, Officers and/or Directors

Name (First, Last Name)	Title	(Area Code) Telephone No.

If insufficient space, attach list

7. Contact Person(s)

Name (First, Last Name)		Title		
(Area Code) Business Telephone No.	Fax No.	Email Address		
Unit/Apt/Suite	Street Number and Name/PO Box/Postal Stn/Rural Route		City/Town	Province/State Postal/Zip Code
Document(s) this contact person should receive. (Check <input checked="" type="checkbox"/> applicable boxes.)				
<input type="checkbox"/> All or specify: <input type="checkbox"/> Application <input type="checkbox"/> Assessment <input type="checkbox"/> Renewals <input type="checkbox"/> Returns				
Name (First, Last Name)		Title		
(Area Code) Business Telephone No.	Fax No.	Email Address		
Unit/Apt/Suite	Street Number and Name/PO Box/Postal Stn/Rural Route		City/Town	Province/State Postal/Zip Code
Document(s) this contact person should receive. (Check <input checked="" type="checkbox"/> applicable boxes.)				
<input type="checkbox"/> All or specify: <input type="checkbox"/> Application <input type="checkbox"/> Assessment <input type="checkbox"/> Renewals <input type="checkbox"/> Returns				

8. Bulk Storage Location

For each location in Ontario, list the bulk storage facility details:

Address of Storage Facility			Product Type Stored	Storage Tank Capacity	Owned or Leased
Street No. and Name					<input type="checkbox"/> Owned <input type="checkbox"/> Leased from Others <input type="checkbox"/> Leased to Others
City/Town	Province	Postal Code			
Street No. and Name					<input type="checkbox"/> Owned <input type="checkbox"/> Leased from Others <input type="checkbox"/> Leased to Others
City/Town	Province	Postal Code			
Street No. and Name					<input type="checkbox"/> Owned <input type="checkbox"/> Leased from Others <input type="checkbox"/> Leased to Others
City/Town	Province	Postal Code			
Street No. and Name					<input type="checkbox"/> Owned <input type="checkbox"/> Leased from Others <input type="checkbox"/> Leased to Others
City/Town	Province	Postal Code			
Street No. and Name					<input type="checkbox"/> Owned <input type="checkbox"/> Leased from Others <input type="checkbox"/> Leased to Others
City/Town	Province	Postal Code			
Street No. and Name					<input type="checkbox"/> Owned <input type="checkbox"/> Leased from Others <input type="checkbox"/> Leased to Others
City/Town	Province	Postal Code			

If insufficient space, attach list

9. Fuel Acquisition Permit

Complete if you propose to purchase fuel product(s) exempt of tax and are applying for a Fuel Acquisition Permit Certificate under the *Fuel Tax Act*.

Please indicate the reason(s) why you require a Fuel Acquisition Permit: Check appropriate box(es).

Clear Fuel

- testing of a motor vehicle engine
- bench testing of an aircraft engine
- development and quality assurance testing of fuel
- as a raw material to be wrought into or become part of goods for sale

Bulk Kerosene (1-K Kerosene)

- packing into containers for resale to be used in certain lighting, heating or cooking appliances

Indicate container size of repackaged kerosene:

- up to 25 litres
- between 25 and 210 litres

Kerosene

- as a raw material to be wrought into or become part of goods for sale

Type of product being manufactured

List the details for each fuel type purchase below:

Note: The product(s) purchased using a Fuel Acquisition Permit must be used exclusively for the purpose for which the Fuel Acquisition Permit was issued.

Product Type	Litres Purchased in the last 12 months	Estimated Litres to be Purchased in the next 12 months
Clear Fuel		
Kerosene (1-K)		

10. **Supplier Information** - List supplier(s) that you will purchase or obtain fuel from:

Supplier Name	Street No. and Name	City/Town	Province/State	Postal/Zip Code

If insufficient space, attach list

11. **Seasonal Information**

Are you applying for registration for a business activity that is of a seasonal nature (not operational for a continuous 12 month period)? **If yes**, indicate the months you are open for this business activity:

Months Open for Business:
(Check applicable boxes.)

- | | | | |
|-----------------------------------|--------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> April | <input type="checkbox"/> July | <input type="checkbox"/> October |
| <input type="checkbox"/> February | <input type="checkbox"/> May | <input type="checkbox"/> August | <input type="checkbox"/> November |
| <input type="checkbox"/> March | <input type="checkbox"/> June | <input type="checkbox"/> September | <input type="checkbox"/> December |

12. **Date business commenced under your ownership**

Year	Month	Day

13. **Certification**

I certify that I am an authorized signing officer and all information given in this application is true, correct and complete.

Note: The first application for registration must be signed by the owner, director or officer of the company.

First and Last Name (please print)	Title		
Signature	Date		
	Year	Month	Day

It is an offence to make, participate in, assent to or acquiesce in the making of a false or deceptive statement in an application, as required under the *Fuel Tax Act* or Regulations.

The personal information provided by you on this form is collected under the authority of the *Fuel Tax Act* R.S.O. 1990, c. F.35 as amended, and will be used in the administration of the Act. Questions about this collection may be directed to a Program Information Officer with the ministry at 1 866 ONT-TAXS (1 866 668-8297) or 1 800 263-7776 Teletypewriter (TTY).