



Ontario

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

**Application to Register  
for Fuel Distributor**  
*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 <input type="checkbox"/> English <input type="checkbox"/> French
Business or Trade Name	<input type="checkbox"/> Same as Legal Name	
		Business No.

**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 ☒ applicable boxes.)

- ☐ All or specify: ☐ Application ☐ Assessment ☐ Renewals ☐ 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 ☒ applicable boxes.)

- ☐ All or specify: ☐ Application ☐ Assessment ☐ Renewals ☐ Returns

## 8. Designation as a Fuel Distributor

Complete if you propose to distribute special products (i.e. waste oil you recycle into clear fuel product or other products prescribed by the Regulations) and are applying for a Designation as a Fuel Distributor under the *Fuel Tax Act*.

List the recycling facility(ies) below.

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

if insufficient space, attach list

## 9. Enter the estimated litres of fuel to be recycled into a clear fuel product in the next 12 months .....

Litres

## 10. Date business commenced under your ownership .....

Year

Month

Day

## 11. Direct Deposit

To enrol for direct deposit or to update your banking information, complete the following:

(You can find these numbers in your chequebook, on your bank statement or on a personal deposit slip or you can get them from your financial institution)

Branch No. (5 digits)

Institution No. (3 digits)

Account No. (maximum 12 digits)

By providing my banking information I authorize the Minister of Finance to deposit in the bank account number shown above any amounts payable to me by the Ministry of Finance, **for this program**, until otherwise notified by me. I understand that this authorization will replace all of my previous direct deposit authorizations **for this program**.

## 12. 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).