



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

Application to Register as a Propane Retailer

Gasoline 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 <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. Designation as a Collector of Propane Tax

Complete if you are a retailer of propane or propose to retail propane and have both taxable and non-taxable sales and consumption and are applying for a Designation as a Collector of Propane under the *Gasoline Tax Act*.

Product Type	Litres Sold and Consumed in the Last 12 Months	Estimated Litres to be Sold and Consumed in the Next 12 Months
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9. Business Outlet Information - Please list your retail outlet(s) located in Ontario:

Street No. and Name	City/Town	Postal Code

If insufficient space, attach list

10. Supplier Information - List supplier(s) that you will purchase or obtain propane 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 <table border="1"> <tr> <td>Year</td> <td>Month</td> <td>Day</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Year	Month	Day			
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 *Gasoline Tax Act* or Regulations.

The personal information provided by you on this form is collected under the authority of the *Gasoline Tax Act* R.S.O. 1990, c. G.5 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).