



**Mail this form to:**

Service Nova Scotia  
Audit and Enforcement  
PO Box 22  
Halifax, NS B3J 2L4

**Business Applicant Profile Information**

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**Business Name:**

Operating Name

**Canada Revenue Agency BN #:**

**N.S Registry of Joint Stock Companies #:**

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**Business Site Location** (Civic Address Not PO Box):

Street #	Street Name			Unit/Suite/Apt #
City/Town/County		Province	Country	Postal Code

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**Mailing Address for Correspondence** (If Different):

Street, P.O. Box, RR #, Site #, etc.#

City/Town/County	Province	Country	Postal Code
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**Office Location Where Records are Kept** (Civic Address Not PO Box):

Street #	Street Name			Unit/Suite/Apt #
City/Town/County		Province	Country	Postal Code

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**Business Contact Information:**

Name Title

Primary Home # Fax #

E-mail Address



**3. Bank Information:**

Bank Name

Street # Street Name

City/Town

Province

Postal Code

**4. Name and title of person responsible for financial records:**

First

Middle

Last Name *(Please Print)*

Title

Phone #

Fax #

E-mail Address

**5. Fuel / Propane Primary Customers:**

Business / Operating Names

**6. Department of Environment Approval  
(Only Required for Gasoline or Diesel Oil):**

Motive Fuel Wholesaler Approval Number

**7. Department of Labour, Skills and Immigration  
Technical Safety Division Approval (Only Required for Propane):**

Class 1 Fuel Safety Licence Number

## 8. Nature of Business

List all fuel tax numbers with other jurisdictions (attach supplementary list if required):

**Jurisdiction**

**Tax Number**

List civic addresses of all bulk locations, retail locations, and any other associated companies doing business in Nova Scotia (attach supplementary list if required):

Enter a brief explanation why you are registering to be a Fuel Wholesaler in Nova Scotia:

## 9. Certification:

The above statements are hereby certified to be correct to the best knowledge and belief of the undersigned (owner or principal officer).

The applicant hereby authorizes and consents to periodic submissions to this department of credit information including reports from credit reporting agencies, credit bureaus or any person or corporation with whom the applicant may have a financial association.

The applicant hereby authorizes and consents to providing financial statements and other financial information required by the department to assess the security requirement. The required security is reviewed periodically and subject to change.

Name *(please print)*:

Title:

Signature: \_\_\_\_\_ Date (D/M/YY):

The above applicant hereby makes application under the *Revenue Act* and agrees to comply with the requirements set out in the *Act* and *Regulations*.