

Section 12 (2) Fuel Oil Vendor Licence Information

1. Name of Applicant _____
2. Business Name _____
- 3a. Business Location _____
- 3b. Mailing Address _____
4. Accounting Office Address _____
5. Type of Ownership: Corporation Registered Association Partnership Individual Proprietor
6. Owners: If Corporation, name of officers; if Partnership, name of partners.

Title	Name	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

I, _____, _____
(Name - Please Print) (Title - Please Print)

as a duly authorized officer of _____
(Company Name - Please Print)

hereby CERTIFY that the information contained in this application is correct to the best of my knowledge and belief and hereby make application as required under the *Fuel Oil Tax Act* and undertake to comply with the provisions of this Act and the Regulations thereunder.

_____	_____
Date	Signature
_____	_____
Date	Signature

(If the applicant is a corporation, the application shall be under SEAL of the Corporation. If a partnership, signatures of all partners are required.)

Prepare in duplicate for EACH LOCATION requiring a licence pursuant to the Act. Return original to the:

Deputy Head
 Department of Finance
 Government of Yukon
 PO Box 2703 Phone: (867)667-5345
 Whitehorse, Yukon Y1A 2C6 Fax: (867)393-6217

VENDOR PERMIT APPLICATION - PAGE 2

1. Have you ever had a Yukon Fuel Vendor's permit before? yes no

If yes, under what name and what location? _____

Do you still require this permit? yes no

2. Please give your operating name if it is different from your business name.

3. What is your operating season? from _____ to _____

4. Who is your major supplier? _____

Are you under contract with them? yes no

Do you hold their fuel on consignment? yes no

5. Which trucking company transports your fuel for you? _____

6. How are fuel deliveries verified? _____

7. Do you also sell tobacco products at this place of business? yes no

If yes, what is your Tobacco Retailer's Permit Number? _____

8. Do you sell heating fuel? yes no

If yes, do you deliver? yes no

9. Please give the name and number of the person to contact in case of inquiries.

Name _____

Phone _____ Fax _____

For Department Use Only

Permit No. _____ Date Issued _____

Authorized (for initial) _____