

APPLICATION FOR REGISTRATION OF PROPANE PRODUCERS AND DISTRIBUTORS

Propane producers and distributors must register with Alberta Revenue for the purpose of collecting and remitting the tax on the sale of taxable propane within Alberta and for the purpose of purchasing propane from other collectors on a tax-out basis. This form together with a copy of your most recent financial statements and a description of your business operations must be submitted to TAX AND REVENUE ADMINISTRATION, 9811 109 ST, EDMONTON AB T5K 2L5. The description of your business operations should include:

- how you will account for the propane fuel tax
- details on how you differentiate tax-in and tax-out sales
- whether you have retail outlets selling propane and their relationship to you
- number of trucks used for the delivery of propane

NOTE: you may be required to furnish a bond to secure Alberta propane tax collections.

Once the application is approved, the producer/distributor will be required to enter into a tax collector agreement with the Minister of Revenue.

If you require assistance, phone (780)427-3044. If calling long distance within Alberta, call 310-0000 then enter (780)427-3044. Fax (780)427-0348.

1	Full Legal Name of Corporation, Partnership or Individual (surname, first name)	8	For Office Use Only 21			
2	Operating Name of Business (only if different from above)	9	Within Alberta, do you: produce propane? Yes No	,		
3	Type of Ownership (please check) Corporation: Alberta Corporate Account Number (enter the 9 or 10 digit number) Proprietorship Partnership (Number of partners:		sell propane to other producers? sell propane to distributors? sell and deliver propane to retailers? sell and deliver propane to consumers?]		
4	What date did you Sear Month Day commence operating?	10	How many retailers do you currently supply?			
6	If, after 1996, this business was purchased/taken over from another person/company, state the legal name of the former owner: Year Month Day Date of change of ownership: Type of Operation: (check only ONE box)	11	How many of your customers to whom you make tax-included sales are consumers that have tanks in their yards from which vehicle fills are possible?			
•	Producer (includes refiners) Distributor Both Producer and Distributor	12	Are you interested in filing your monthly tax returns electronically? Yes			
7	If you are NOT a producer, specify all of your propane suppliers, if any:		If "Yes", Tax and Revenue Administration will contact you to make arrangements.			

Personal information is collected on this form for the purpose of administering the Fuel Tax Act. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act. Questions about the collection of this information should be directed to the telephone numbers and address listed at the top of this form.

Legal	Name:										
15. Mailing Address Street					City/Town						
Province Postal Code Tode Number Namber Fax Number Fax Number											
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16.		Records:			`	,					
	Street	11000140.									
City/Terror											
	City/Town					Province	Postat Code				
17	Name and Address of	Business Bank									
	Street										
	City/Town					Province	Postat Code				
18.	List Two Authorized S	igning Officers of your Busine	ess:								
	Name	Address I		Telep	ohone	I	Position				
PROPANE VOLUME ESTIMATES: LITRES											
20. Estimated Annual Purchases Outside Alberta (imports)											
22	22. Estimated Annual Purchases Within Alberta										
	24. Estimated Annual Production										
26	26. ESTIMATED TOTAL ANNUAL VOLUME OF PRODUCT AVAILABLE FOR SALE (Lines 20 + 22 + 24)										
3 0	■ 30. Estimated Annual Sales (Tax-Included) to Retailers Within Alberta										
	. Estimated Annual Ta	axable Sales to End Consume	ers of								
0.4		Storage Tanks in Their Yard				-					
34. Estimated Annual Sales (Tax-Out) Within Alberta (Include sales to other producers and distributors)											
36	. Estimated Annual Sa	ales Outside Alberta (exports)			-					
	. ESTIMATED TOTAL	ANNUAL SALES VOLUME 34 + 36)									
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	nereby certify that, to orrect.	the best of my knowledge	and belief t	ne informat	tion co	ntained	in this form is true and				
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INS	me:(Please	print) Tele	epnone:			ға	X:				
Signed: Date: Date:											
COMPLETE THE FOLLOWING CHECKLIST											
	□ Th	nis application has been comp				fication	area.				
☐ A copy of my most recent financial statements is attached to this application.											
$\ \ \square$ A copy of my most recent financial statements is attached to this application.											

Mail or fax ALL three items listed above to Alberta Tax and Revenue Administration at the address or fax number listed on the top of page 1 of this form.

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 $\hfill \square$ A description of my business operations is attached to this application.