

ALBERTA INDIAN TAX EXEMPTION RETAILER REGISTRATION

Alberta Fuel and Tobacco Taxes

or All inf	This form is to be completed by retailers who are located on Indian reserves in Alberta, or bulk dealers delivering fuel to eligible Alberta Indians living on an Indian reserve in Alberta. Upon aproval of this registration, Alberta Finance will forward to you further information regarding the procedures that must be followed to sell fuel and tobacco products free of provincial tax to eligible Alberta Indians.								
This completed form and, for retailers located on a reserve, a copy of the Band Council Resolution must be submitted to: TAX AND REVENUE ADMINISTRATION, 9811 109 ST, EDMONTON AB T5K 2L5. If you require assistance, telephone (780)427-3044. If calling long distance within Alberta, call 310-0000 then enter (780)427-3044. Fax (780)427-0348.									
APPLICANT IDENTIFICATION (please print) 1. Full Legal Name of Corporation, Partnership or Individual (Surname, First Name):									
2.	Operating Name of Business (if applicable and different than Legal Name):								
3.	Type of Ownership: (please check one only) Y Y Y Y M M D D Individual Date of Birth Partnership Number of Partners Date of Partners								
4 .	. Mailing Address:								
	Town/City:		Prov:	Postal Code:					
	Telephone Number: ()	Fax Nur	nber:)				
	Contact Person: Position:								
5.	Location of Business (if different from Mailing Address):								
	Town/City:		Prov:	Postal Code:					
6. ■	6. Location of Books and Records:								
	Town/City:			Postal Code:					
7. List the Authorized Signing Officers of your business:									
	Name	Address		Telephone		Position			

8.	Y Y Y M M D D What date did you start operating the business?									
9.	If the business was purchased or taken over from another person/company, please provide the following information:									
	Legal Name of Former Owner:									
	Operating Name of Former Business:									
	Date of Ownership Change:	Y Y M M D D								
10.	Type of Sales: (please check)	stimated Monthly Value	Main Supplier							
	Tobacco \$									
	Propane \$	1								
	Gasoline and Diesel \$	ı								
11. Legal description of land where business is located: (Not required for Bulk Dealers located off an Indian Reserve) Quarter Section TWP Range Meridian W										
12.	If you are a Bulk Fuel Dealer: Are	you located on Reser	ve or							
located off the Reserve										
NOTE: A copy of the Band Council Resolution that gives you authority to operate on the Indian reserve, must be enclosed with this registration.										
Cc	omplete auestions 13 through	15 only if you ar	e applying to use the Alberta Indian Tax							
Complete questions 13 through 15 only if you are applying to use the Alberta Indian Tax Exemption Point of Sale (AITE Direct) System.										
13.	B. Name of Software Vendor:									
14.	. Modem Number: ()									
15. Technical Contact Person:										
	Telephone Number: ()									
CERTIFICATION										
I hereby certify that to the best of my know ledge and belief, the information contained in this form is true and correct and is given for the express purpose of registering as a retailer providing Alberta Indian Tax Exemptions and I undertake to comply with the provisions of the Alberta Fuel and Tobacco Tax Acts and the Regulations made thereunder.										
0	Owner's Signature:		Date:							

Personal information provided on this form is collected under the authority of section 12.1(1) of the Fuel Tax Act Regulation, section 12.2(1) of the Tobacco Tax Act Regulation and section 33(a) and (c) of the Freedom of Information and Protection of Privacy (FOIP) Act (RSA 2000). It will be used to register your business as a retailer providing the Alberta Indian Tax Exemption and to administer the Fuel Tax Act and Tobacco Tax

Act. It is protected by the privacy provisions of the FOIP Act. If you have any questions about the collection of this information, please contact an Enquiries officer with the Information Services Unit of Tax and Revenue Administration at the telephone numbers and address listed at the top of this form.

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