

Department of Finance Tax Administration 20 McGloin St. P. O. Box 3000 Fredericton, N.B. E3B 5G5	 New Brunswick Nouveau Brunswick GMF_20	Telephone 1-800-669-7070 Fax (506) 457-7335
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APPLICATION for Gasoline and Motive Fuel Wholesaler's Licence
 Pursuant to the *Gasoline and Motive Fuel Tax Act*

Part I Language Preference <input type="checkbox"/> English <input type="checkbox"/> French	Year for which you are applying _____ Application Type <input type="checkbox"/> New Application <input type="checkbox"/> Renewal (Current Wholesaler's No.) _____
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<p>Part II GENERAL BUSINESS INFORMATION</p> <p>Business Number: _____ Legal Name: _____</p> <p><input type="checkbox"/> Individual: Sole Proprietorship (one owner)</p> <p><input type="checkbox"/> Partnership: Two or more persons - PARTNERSHIP NAME must be registered with the Corporate Registry of Service New Brunswick (506-453-2703). Attach name and address of partners.</p> <p><input type="checkbox"/> Corporation: Limited or incorporated company with directors and officers and must be registered with the Corporate Registry of Service New Brunswick (506-453-2703). Attach name and address of directors and officers.</p> <p>Trade Name: _____ <small>(operating or business name)</small></p> <p>Mailing Address: _____ <small>(where all tax returns and correspondence are to be mailed)</small></p> <p>Physical Location of Business: _____ <small>(street, road, avenue, rural route, mall complex, postal code; if more than one, attach list)</small></p> <p>Name of Owner: _____</p> <p>Business Telephone:(____) _____ Home Telephone:(____) _____ Fax:(____) _____</p> <p>Name of Person completing the Wholesaler's Returns: _____</p> <p>Business Telephone:(____) _____ Home Telephone:(____) _____ Fax:(____) _____</p> <p>Name, Address and Phone Number of the Bank or Financial Institution for the business/applicant: _____</p>

Part III ALTERNATE ADDRESS

Mailing address for Returns (if different from address in Part I)

Mailing address for Tax changes and Legislative amendments:

Part IV

A "wholesaler" is defined as a person who sells or keeps for sale gasoline or motive fuel to a person other than a consumer.

1. List the jurisdictions in which you are licensed as a Gasoline and Motive Fuel Wholesaler.

Jurisdiction

Licence No.

2. From whom do you purchase petroleum products? _____

3. Check the products you wish to be licensed to sell:

Taxed Gasoline

Taxed Diesel Fuel

Taxed Propane

Tax Exempt Diesel Fuel

Tax Exempt Propane

Furnace Oil

Taxed Aviation Fuel

Taxed Bio-Diesel

Kerosene

Tax Exempt Bio-Diesel

Stove Oil

All Other Types – Please specify:

4. Fee Calculation:

Up to 50,000,000 litres @ \$.00025/litre

Next 100,000,000 litres @ \$.00015/litre

Next 200,000,000 litres @ \$.00005/litre

Amounts over 350,000,000 litres @ \$.00001/litre

5. Do you make gasoline and/or motive fuel sales from fixed locations in addition to bulk tank trucks? Yes No

New Licence:

Estimate of total litres of gasoline and motive fuel expected to be sold in the next 12 months: _____

Licence renewal:

Number of litres of gasoline and motive fuel sold in the previous 12 months: _____

Fee enclosed: \$ _____

(Minimum fee of \$1,000.00)

Cheques or money orders are to be made payable to "Minister of Finance"

Part V

APPLICATION FOR AUTHORIZATION TO MARK EXEMPT FUEL

Authorization to mark tax exempt motive fuel by the use of an injection system is required for the following locations: (If you are using an "on-truck" marking system, include the vehicle and unit number)

1) _____	7) _____
2) _____	8) _____
3) _____	9) _____
4) _____	10) _____
5) _____	11) _____
6) _____	12) _____

Part VI

APPLICANT AGREEMENT

In signing this application, I agree to the following:

- To comply with the reporting, payment, record keeping, and licence display requirements imposed under the *Gasoline and Motive Fuel Tax Act*; and Regulations relative to gasoline and motive fuel wholesalers.
- Under penalty of perjury, that the statements made on this application are true and complete to the best of the applicant's knowledge.
- That certain information obtained on this application form will be sent to Canada Customs & Revenue Agency and Service New Brunswick pursuant to the provisions of the *Common Business Identifier Act*. (Note: Service New Brunswick may share such information with other public bodies for certain purposes pursuant to the provisions of the *Common Business Identifier Act*.)

Authorized Signature

Date

Title

Telephone No.

Note:

An authorized signature that would include, an owner, partner, corporate officer, manager, or any person authorized by the applicant must sign this form.

Send completed application to:

Department of Finance
Revenue Administration Division
Tax Administration
20 McGloin St., P. O. Box 3000
Fredericton, NB E3B 5G5

General Inquiries: 1-800-669-7070
Fax: (506) 457-7335

05/2016