

PART I – APPLICANT INFORMATION

Legal Name:		Business or Trade Name:		
NB Business Number:		Language Preference: <input type="checkbox"/> English <input type="checkbox"/> French		
Please check one: <input type="checkbox"/> New Applicant <input type="checkbox"/> Renewal: please indicate licence # _____				
Please Check One: <input type="checkbox"/> Sole Proprietorship: (one owner) <input type="checkbox"/> Partnership: Two or more persons must be registered with the Corporate Registry of Service New Brunswick. <input type="checkbox"/> Corporation: Limited or incorporated company with directors and officers and must be registered with the Corporate Registry of Service New Brunswick.				
Business Mailing Address (Box #, Street, Rural Route, etc.):		City:	County:	Province:
Daytime Telephone: ()		Fax: ()	Email:	
Physical Location of Operations (Street, Avenue, etc.):		City:	County:	Province:
Daytime Telephone: ()		Fax: ()		
Contact Person (you or your representative if you are not available during the day):				
Daytime Telephone: ()		Fax: ()	Email:	

PART II – OPERATION INFORMATION

Annual Gross Income from Wood Producing Operations:		Percentage of Total Annual Gross Income From Wood Producing Operations:		
Last Year	20_____ \$ _____	Last Year	20_____ %	
Year Before Last	20_____ \$ _____	Year Before Last	20_____ %	
Harvesting Details (volume):		Year Before Last 20_____		
Last Year 20_____		Cords _____ or Cubic Metres _____ or Tonnes _____		
Cords _____ or Cubic Metres _____ or Tonnes _____		Cords _____ or Cubic Metres _____ or Tonnes _____		
Number of Cords, or Cubic Metres or Tonnes Hauled from Stump to Skidway:		Year Before Last 20_____		
Last Year 20_____		Cords _____ or Cubic Metres _____ or Tonnes _____		
Cords _____ or Cubic Metres _____ or Tonnes _____		Cords _____ or Cubic Metres _____ or Tonnes _____		
Is this a start-up Operation?				
<input type="checkbox"/> YES If Yes, indicate amount invested in Harvesting Equipment \$ _____ INCLUDE COPIES OF SALES INVOICES OBTAINED AT THE TIME OF PURCHASE OF AT LEAST \$10,000.00 IN WOOD HARVESTING EQUIPMENT.				
<input type="checkbox"/> NO				
Please indicate the Property Tax Account numbers of parcels of land or woodlots owned (if any) and list the numbers of acres OR hectares with respect to each code number.				
LRIS ID Number OR Property Tax Account Number:		Number of Acres OR Hectares:	Check appropriate unit of measurement:	
_____		# _____	<input type="checkbox"/> acres or <input type="checkbox"/> hectares	
_____		# _____	<input type="checkbox"/> acres or <input type="checkbox"/> hectares	
_____		# _____	<input type="checkbox"/> acres or <input type="checkbox"/> hectares	
Reporting Period: Beginning _____ (MM/DD/YYYY) Ending: _____ (MM/DD/YYYY)				
(Note: The reporting period must consist of your most recent fiscal year or a period of 12 consecutive months following the last reported period.)				
Total litres of taxed gasoline purchased: _____ (litres)				
Total litres of taxed motive fuel purchased: _____ (litres)				
Total litres of tax exempt motive fuel purchased: _____ (litres)				
Number of vehicles and equipment that consume fuel: Licensed _____ Unlicensed _____				
Please provide a brief description of any additional wood producing operations:				

PART III – APPLICANT AGREEMENT & CONSENT

NOTE: EVERY PERSON WHO KNOWINGLY PROVIDES FALSE OR MISLEADING INFORMATION IN THE COURSE OF MAKING AN APPLICATION FOR THE PURCHASER'S PERMIT WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW.

Certain information obtained on this approved application form will be provided to Canada 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*.)

Certain information obtained from the reporting period purchases (found in Part II of this application) may be provided to the Canada Revenue Agency pursuant to the *Revenue Administration Act*.

In signing this application, I hereby certify and agree to the following:

- I am operating commercially and all information given in this application and in every document submitted in support thereof is true, correct and complete in every detail;
- I will comply with all provisions under the *Gasoline and Motive Fuel Tax Act* and Regulations;
- I will keep and maintain records that contain the following information for all tax exempt motive fuel, tax paid motive fuel and gasoline purchased, acquired, consumed or used:
 - (a) the date of each purchase or acquisition of tax exempt motive fuel, tax paid motive fuel and gasoline;
 - (b) the name and address of the person from whom tax exempt motive fuel, tax paid motive fuel and gasoline was purchased or acquired;
 - (c) the number of litres of tax exempt motive fuel, tax paid motive fuel and gasoline purchased or acquired;
 - (d) the type of tax exempt motive fuel, tax paid motive fuel and gasoline purchased or acquired; and
 - (e) the vehicle(s) or equipment into which the tax exempt motive fuel, tax paid motive fuel and gasoline was placed, the tasks performed by that vehicle or equipment and the number of hours of service dedicated to each task.
- I consent to allowing fuel samples to be extracted from vehicles, machinery and equipment owned and/or operated in association with my business, at my place of business, work locations and random roadside checks for purposes of determining the presence of fuel that has been marked or colored;
- I accept that my failure to comply with these provisions shall be grounds for revocation of my purchaser's permit.

Finally, I hereby certify that all information given in all parts of this application and in every document submitted in support thereof is true, correct and complete in every detail.

Amount Enclosed: \$ _____ **Note: The Fee for a Purchaser's Permit is \$12.50 (valid for 1 year) payable to the Minister of Finance and Treasury Board.**

Name of applicant or person authorized by the applicant
(Please print)

Date

Signature

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

Please mail application and address any inquiries to:

Finance and Treasury Board
Revenue Administration Division
Marysville Place, P.O. Box 3000,
Fredericton, NB E3B 5G5

Telephone: (800) 669-7070
Fax: (506) 457-7335

The personal information on this form is being collected under the authority of the *Gasoline & Motive Fuel Tax Act*. The information will be used for licensing purposes and for necessary administration of the licence. If you have any questions regarding the collection and use of this information, please contact the Manager Tax Administration, Finance and Treasury Board, P. O. Box 3000, Fredericton, NB E3B 5G5. Telephone: 1-800-669-7070 or e-mail wwwfin@gnb.ca

IMPORTANT: Applicants must have completed the following or the application may be rejected:

- ✓ Part I Applicant Information
- ✓ Part II Operation Information
- ✓ Part III Applicant Agreement and Consent (applicant must sign and date the form)