







1. Name of Applicant (legal name of business organization, proprietor or partners)							
2. Registered Trade Name — if applicable (Doing Business As)							
3a. Business Location (where t	he fuel will be so	old from)					
3b. Mailing Address							
4. Accounting Office Address							
5. Type of Ownership:	Corporation	Registered Association	Partnership	Sole Proprietor			
6. Owners: If Corporation, nam	es of officers; if	Partnership, names of partners	S.				
Title	Na	ame	Address	Address			
I.				_ as a duly authorized			
Print r	,P	rint title	_ as a daily admissized				
officer ofPrint co	mpany name						
hereby CERTIFY that the inform hereby make application as requand the Regulations thereunder.	ation contained uired under the I						
Date	Siç	Signature of applicant					
Date	Się	Signature of applicant					
(If the applicant is a corporation partners are required.)	, the application	shall be under SEAL of the Co	orporation. If a partne	rship, signatures of all			
Prepare ONE for EACH LOCATION Laxreturns@yukon.ca or mail		cence pursuant to the Act. Sul	omit by email to				
Deputy Head Department of Finance							

Government of Yukon PO Box 2703 Phone: (867)667-5345 Whitehorse, Yukon Y1A 2C6 Fax: (867)456-6709

Publié aussi en français

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DISTRIBUTOR PERMIT APPLICATION

1. Are you importing your own f	uel?			
2. Are you selling fuel directly to	consumers or to licens	ed fuel vendors for re	esale?	
3. Do you have a bulk facility in	Yukon?			
4. Do any vendors hold your fue	el on consignment?			
Which ones?				
5. Which trucking company(ies)	do you use?			
6. Please provide the name(s) o	f the person(s) to contac	et in case of inquiries	regarding your fu	uel tax returns.
Phone	Fax	Email		
For Department use only Permit No.			Da	ate Issued
	(for initial)			