

Propane retailers must register with Tax and Revenue Administration to be eligible to claim a refund of fuel tax on propane purchased tax-in but sold tax-out (i.e. cylinder fills). **Retailers that will not be making any refund claims do not need to register.**

A retailer can submit a separate registration for each retail outlet or can submit a "group registration" for all retail outlets under its legal control. For each registration, this completed form and the Application for Direct Deposit (form AT4812) must be submitted to: **TAX AND REVENUE ADMINISTRATION, 9811 109 ST, EDMONTON AB T5K 2L5.** Fax 780-427-0348. Once the registration is approved, the retailer will get directions on how to claim tax refunds.

If you require assistance, telephone 780-427-3044. If calling long distance within Alberta, call 310-0000 then enter 780-427-3044.

<p>1. Full Legal Name of Corporation, Partnership or Individual (surname, first name): ■ _____</p>	<p>6. For Office Use Only 22</p>					
<p>2. Operating Name of Business (only if different from above): ■ _____</p>						
<p>3. Type of Ownership (please check): ■ <input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership, number of partners: _____ <input type="checkbox"/> Other (please specify): _____</p> <p style="text-align: right; margin-right: 50px;"><small>Alberta Corporate Account Number (CAN) (enter the 9 or 10 digit number)</small></p>	<p>7. LPG Retailer Account Number: ■ (pre-1997) _____</p>					
<p>4. What date did you start operating the business? (yyyy/mm/dd) ■ _____</p>	<p>8. Are you an exempt sale retailer for propane for the Alberta Indian Tax Exemption program? ■ <input type="checkbox"/> Yes <input type="checkbox"/> No</p>					
<p>5. If, after 1996, this business was purchased/taken over from another person/company, provide their name: ■ _____</p> <p style="margin-top: 20px;">Date of change of ownership: (yyyy/mm/dd)</p>	<p>9. Do you have CSA approved totalizer meters on all tanks that dispense propane for motive purposes? ■ <input type="checkbox"/> Yes <input type="checkbox"/> No</p>					
	<p>10. Specify your supplier of propane? ■ _____</p>					
<p>11. Mailing Address: ■ _____</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:33%;">City/Town:</td> <td style="width:16.5%;">Province/Territory:</td> <td style="width:16.5%;">Postal Code:</td> <td style="width:16.5%;">Telephone:</td> <td style="width:17.5%;">Fax:</td> </tr> </table>		City/Town:	Province/Territory:	Postal Code:	Telephone:	Fax:
City/Town:	Province/Territory:	Postal Code:	Telephone:	Fax:		
<p>12. Location of Books and Records: ■ _____</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:66%;">City/Town:</td> <td style="width:16.5%;">Province/Territory:</td> <td style="width:17.5%;">Postal Code:</td> </tr> </table>		City/Town:	Province/Territory:	Postal Code:		
City/Town:	Province/Territory:	Postal Code:				

SINGLE OUTLET REGISTRATION INFORMATION Full address of Retail Outlet			Estimated Total Annual Propane Sales (Litres)	Estimated Annual Taxable Propane Sales (Litres)	Estimated Annual Non-Taxable Propane Sales (Litres)	Nbr. of Propane Tanks	Any Tanks Dedicated to Non-Motive Fills? (Yes or No)
Street Address:	City/Town:	Postal Code:					
							<input type="checkbox"/>

GROUP OUTLET REGISTRATION INFORMATION: (attach an additional list if space is insufficient)								
Retail Outlet Name	Full Address of Retail Outlet			Estimated Total Annual Propane Sales (Litres)	Estimated Annual Taxable Propane Sales (Litres)	Estimated Annual Non-Taxable Propane Sales (Litres)	Nbr. of Propane Tanks	Any Tanks Dedicated to Non-Motive Fills? (Yes or No)
	Street Address:	City/Town:	Postal Code:					
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For completion by both Single and Group Outlet Registrants

CERTIFICATION

I hereby certify that, to the best of my knowledge and belief the information contained in this form is true and correct.

Name: _____ Signature: _____ Date: _____
(please print) Authorized Representative YYYY/MM/DD

Position: _____ Telephone: _____ Fax: _____

INSTRUCTIONS

The refund of propane tax will only be processed via direct deposit to your bank account, therefore the Application For Direct Deposit (form AT4812) MUST also be completed and submitted with this registration form.

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