



National Bank Tower
501-134 Kent Street
P.O. Box 577
Charlottetown, PE
C1A 7L1

APPLICATION FOR RETAIL PETROLEUM OUTLET LICENSE

RETAIL OUTLET RENEWAL

ALL APPLICABLE QUESTIONS MUST BE ANSWERED

1	NAME OF OUTLET:																											
2	LOCATED AT: _____ (Street)	_____ (Town, Community)	_____ (Province) _____ (Postal Code) P.E.I.																									
3	TELEPHONE NUMBER: _____	4	FAX NUMBER: _____																									
5	a) OWNER OF OUTLET: b) OWNER'S MAILING ADDRESS: _____																											
6	a) OPERATOR OF OUTLET: b) OPERATOR'S MAILING ADDRESS: _____																											
7	CURRENT LICENSE NUMBER: _____	8	HOURS OF OPERATION FOR MOTOR FUELS DISPENSING: Full-Serve _____ a.m. to _____ p.m. Self-Serve _____ a.m. to _____ p.m.																									
9	METHOD OF DISPENSING (check all that apply): <input type="checkbox"/> Full-serve <input type="checkbox"/> Split-serve <input type="checkbox"/> Self-serve <input type="checkbox"/> Keylock <input type="checkbox"/> Cardlock																											
10	DESCRIBE OTHER SERVICES PROVIDED AT THIS OUTLET (service bays, c-store/general store, restaurant, etc.): _____																											
11	PETROLEUM PRODUCTS SOLD: (A SEPARATE FORM IS REQUIRED FOR EACH LICENSE AT MARINE OUTLETS) <input type="checkbox"/> Gasoline <input type="checkbox"/> Clear Diesel Fuel <input type="checkbox"/> Marked Diesel Fuel <input type="checkbox"/> Propane <input type="checkbox"/> Kerosene <input type="checkbox"/> Furnace																											
12	PROPANE: <input type="checkbox"/> Automotive <input type="checkbox"/> Filling of up to 20 kg. cylinders <input type="checkbox"/> 9.09 kg Exchange Centre <input type="checkbox"/> Storage & Sale of up to 45.4 kg Cylinders <input type="checkbox"/> Filling, Storage & Sale of up to 45.4 kg Cylinders																											
13	WHICH OIL COMPANY IS YOUR SUPPLIER (INCLUDING PROPANE): _____	14	ARE BAY SERVICES AVAILABLE: _____ Yes _____ No																									
15	VOLUME (IN LITRES) SOLD JAN. 1 ST TO DEC. 31 ST LAST YEAR? <u>Full-Serve</u> <u>Self-Serve</u> Gasoline _____ Diesel _____ Propane _____ Kerosene _____ Furnace _____		16	STORAGE CAPACITY: Gasoline _____ litres Diesel _____ litres Propane _____ litres Kerosene _____ litres Furnace _____ litres																								
17	IS THIS OUTLET PRESENTLY IN OPERATION: <input type="checkbox"/> YES <input type="checkbox"/> NO (State reason and expected date of re-opening)																											
18	NUMBER OF PUMPS: _____ Single _____ Double _____ Triple	19	TOTAL NUMBER OF NOZZLES: _____																									
20	HAVE THERE BEEN ANY CHANGES IN PUMPS OR STORAGE EQUIPMENT SINCE YOUR LAST LICENSE WAS ISSUED: <input type="checkbox"/> NO <input type="checkbox"/> YES (Provide Details/Serial Numbers)																											
21	WHAT ARE YOUR CURRENT SELLING PRICES PER LITRE OF THE FOLLOWING PRODUCTS: <table><thead><tr><th></th><th><u>FULL-SERVE</u></th><th><u>SELF-SERVE</u></th><th></th><th></th></tr></thead><tbody><tr><td>Regular Unleaded Gasoline</td><td>_____</td><td>_____</td><td>Carburation Propane</td><td>_____</td></tr><tr><td>Mid-grade Unleaded Gasoline</td><td>_____</td><td>_____</td><td>Propane in Cylinders</td><td>_____</td></tr><tr><td>Premium Unleaded Gasoline</td><td>_____</td><td>_____</td><td>Kerosene</td><td>_____</td></tr><tr><td>Diesel Fuel</td><td>_____</td><td>_____</td><td>Furnace</td><td>_____</td></tr></tbody></table>				<u>FULL-SERVE</u>	<u>SELF-SERVE</u>			Regular Unleaded Gasoline	_____	_____	Carburation Propane	_____	Mid-grade Unleaded Gasoline	_____	_____	Propane in Cylinders	_____	Premium Unleaded Gasoline	_____	_____	Kerosene	_____	Diesel Fuel	_____	_____	Furnace	_____
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22	I HEREBY DECLARE THAT THE ANSWERS MADE TO THE ABOVE QUESTIONS ARE TRUE AND, IF A LICENSE IS ISSUED, I UNDERTAKE TO CARRY OUT IN EVERY MANNER THE REQUIREMENTS OF THE PETROLEUM PRODUCTS ACT & REGULATIONS. SIGNATURE: _____ CORPORATE NAME: _____ PRINT NAME: _____ TELEPHONE: _____ (Please check) <input type="checkbox"/> Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Agent EMAIL: _____ TITLE: _____ DATE: _____																											