



## APPLICATION FOR RETAIL-DISTRIBUTOR LICENSE ANNUAL RENEWAL (IRAC519)

☐ Bulk Storage      ☐ No Bulk Storage

**ALL APPLICABLE QUESTIONS MUST BE ANSWERED**

1	NAME OF APPLICANT:																						
2	a) NAME OF OUTLET:																						
	b) LOCATION OF OUTLET:																						
3	LOCATION OF BUSINESS OFFICE: (Street) (Town, Community) (Province) (Postal Code) (Telephone)																						
4	a) OWNER OF PROPERTY:		c) OWNER PHONE NUMBER:																				
	b) OWNER'S MAILING ADDRESS:		d) OWNER EMAIL ADDRESS:																				
5	a) OPERATOR OF OUTLET:		c) OPERATOR PHONE NUMBER:																				
	b) OPERATOR'S MAILING ADDRESS:		d) OPERATOR EMAIL ADDRESS:																				
6	WHICH WHOLESALER WILL BE YOUR SUPPLIER:	7	FROM WHAT BULK STORAGE LOCATION:																				
8	AREA SERVED FROM THIS LOCATION:																						
9	NUMBER OF STORAGE TANKS:	10	CURRENT LICENSE NUMBER OF OUTLET:																				
11	LIST CAPACITY AND TYPE OF PRODUCT STORED IN EACH STORAGE TANK:																						
	<table border="0"><thead><tr><th>Product</th><th>Capacity</th><th>Product</th><th>Capacity</th></tr></thead><tbody><tr><td>1. _____</td><td>_____ litres</td><td>5. _____</td><td>_____ litres</td></tr><tr><td>2. _____</td><td>_____ litres</td><td>6. _____</td><td>_____ litres</td></tr><tr><td>3. _____</td><td>_____ litres</td><td>7. _____</td><td>_____ litres</td></tr><tr><td>4. _____</td><td>_____ litres</td><td>8. _____</td><td>_____ litres</td></tr></tbody></table>			Product	Capacity	Product	Capacity	1. _____	_____ litres	5. _____	_____ litres	2. _____	_____ litres	6. _____	_____ litres	3. _____	_____ litres	7. _____	_____ litres	4. _____	_____ litres	8. _____	_____ litres
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3. _____	_____ litres	7. _____	_____ litres																				
4. _____	_____ litres	8. _____	_____ litres																				
12	NUMBER OF VEHICLES DISTRIBUTING TO ULTIMATE CONSUMER FROM THIS OUTLET: _____ Tank Trucks      _____ Tractor-Trailers																						
13	QUANTITIES DISTRIBUTED FROM THIS OUTLET FROM JANUARY 1 <sup>ST</sup> TO DECEMBER 31 <sup>ST</sup> LAST YEAR:																						
	<table border="0"><tbody><tr><td>Gasoline</td><td>_____ litres</td><td>Propane</td><td>_____ litres</td></tr><tr><td>Diesel Fuel</td><td>_____ litres</td><td>Kerosene</td><td>_____ litres</td></tr><tr><td>Furnace Oil</td><td>_____ litres</td><td>Other (specify)</td><td>_____ litres</td></tr><tr><td>Stove Oil</td><td>_____ litres</td><td></td><td>_____ litres</td></tr></tbody></table>			Gasoline	_____ litres	Propane	_____ litres	Diesel Fuel	_____ litres	Kerosene	_____ litres	Furnace Oil	_____ litres	Other (specify)	_____ litres	Stove Oil	_____ litres		_____ litres				
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Stove Oil	_____ litres		_____ litres																				
14	CONTACT INFORMATION:																						
	Primary Contact Name: _____ Secondary Contact Name: _____																						
	Primary Contact Email: _____ Secondary Contact Email: _____																						
	Primary Contact Phone: _____ Secondary Contact Phone: _____																						
	Best method of contact: _____																						
15	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: _____ TITLE: _____																						
	PRINT NAME: _____ CORPORATE NAME (IF APPLICABLE): _____																						
	DATE: _____																						

### LICENSE FEES PAYABLE TO "ISLAND REGULATORY AND APPEALS COMMISSION"

Information on this Form is collected pursuant to the **Petroleum Products Act** and will be used by the Commission in the administration of the said **Act**. For additional information, contact the Commission at 902-892-3501 or by email at [petroleuminquiries@irac.pe.ca](mailto:petroleuminquiries@irac.pe.ca).