

# Application

Fuel and Tobacco Tax Refund Program  
For On-Reserve Sales to Status Indians

Ministry of Finance  
Revenue Division  
PO Box 200  
Regina, SK S4P 2Z6  
306-798-3045  
Toll Free 1-800-667-6102  
Email [sasktaxinfo@gov.sk.ca](mailto:sasktaxinfo@gov.sk.ca)

Store Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

1) Ownership of Store:  Private  Band

2) Type of Ownership:

a. Private:

Sole Proprietor Name: \_\_\_\_\_

Partnership Partnership's Legal Name: \_\_\_\_\_

Corporation Branch Entity # \_\_\_\_\_

(Please indicate who has signing authority on behalf of the group)

Equal Partners or

Indicate Percent Ownership (beside each partner's name)

Partners: \_\_\_\_\_ Percent Ownership \_\_\_\_\_

\_\_\_\_\_ Percent Ownership \_\_\_\_\_

\_\_\_\_\_ Percent Ownership \_\_\_\_\_

Corporation

Name: \_\_\_\_\_

Corporation Branch Entity # \_\_\_\_\_

Directors: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b. Band Owned

Unincorporated

Incorporated: Corporation Branch Entity # \_\_\_\_\_

Name of Corporation \_\_\_\_\_

Directors: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Please indicate who has signing authority on behalf of the group)

3) **Location of Retail Outlet(s):** \_\_\_\_\_  
(Legal land description)

4) Reserve on which store is located: \_\_\_\_\_

5) Products sold:  Tobacco  Fuel

6) Vendor's License Number (Provincial Sales Tax) \_\_\_\_\_  
(if no license, please complete a Vendor's License Application)

7) Ministry of Finance certified Point-of-Sale (POS System) provider:  
\_\_\_\_\_

Other Required Documents:

- Band Council Resolution (BCR) authorizing this location to sell fuel or tobacco products tax exempt on the reserve.
- Business Consent Form indicating with whom information can be shared.
- Direct Deposit Payment Request Form
- Fuel Tax Agreement (if fuel is to be sold)
- PST Vendor's License Application

**Declaration:** The information provided in this application is true, complete and accurate. I am authorized to sign on behalf of the ownership. All exempt sales will be made to qualified individuals only.

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of Authorized Retailer