

## Information Update

### Fuel Tax Act and Tobacco Tax Act

Retail dealers and permit holders in the fuel or tobacco sector (hereinafter called "person concerned") must complete this form to notify us of:

- a change that renders the information entered on form CA 27.1-V, *Permit Application* (under the *Fuel Tax Act*), form TA-6.1-V, *Permit Application* (under the *Tobacco Tax Act*), or form LM-1-V, *Application for Registration*, inaccurate or incomplete. Such changes include changes in:
  - an establishment or the activities carried on at an establishment,
  - fuel type,
  - directors or partners,
  - financial institution,
  - governing documents;
- the cessation of activities;
- the address of a new establishment (before the start of operations there);
- a change in the name used in activities;
- a sale, merger or disposition that affects activities.

Failure to notify us of such changes constitutes an offence punishable by a fine.

To update your information, you can send us a letter containing the information to be submitted instead of using this form. Keep a copy of the letter, as well as the acknowledgment of receipt that we will send you, for your files.

If you are notifying us of the address of a new establishment, you must do so via registered mail.

If you plan to begin carrying on activities that require a permit that you do not currently hold, file form CA 27.1-V or TA-6.1-V, as applicable.

For more information, refer to IN-222-V, *An Overview of the Fuel Tax Act*, IN-219-V, *An Overview of the Tobacco Tax Act*, or contact us.

### Instructions

- Complete a **separate form for each establishment** whose information you are updating.
- Complete parts 1 and 5 and, as applicable, Part 2, Part 3 or Part 4.
- Enclose any pertinent documents.
- Send your documents to one of the following addresses:

Revenu Québec  
3800, rue de Marly  
Québec (Québec) G1X 4A5

Revenu Québec  
C.P. 3000, succursale Place-Desjardins  
Montréal (Québec) H5B 1A4

## 1 Information about the retail dealer or permit holder

Enter the applicable number(s).

Social insurance number

Québec enterprise number (NEQ)

Identification number

File

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Name of individual or entity			
Sector of activity: <input type="checkbox"/> fuel <input type="checkbox"/> tobacco			
Home address (individual) or address of head office (entity)			Postal code
Name of contact person		Area code Telephone	Extension

## 2 Add or withdraw an establishment

<b>Addition due to:</b> <input type="checkbox"/> acquisition <input type="checkbox"/> creation (new business)		Date of addition or withdrawal:             Y             M             D
<b>Withdrawal due to:</b> <input type="checkbox"/> sale or disposition <input type="checkbox"/> cessation of activities		
Business name of the establishment being added or withdrawn		
Address of the establishment		Postal code



**2 Add or withdraw an establishment (continued)**

Name of contact person (in the case of an addition)	Area code	Telephone	Extension	Language of communication <input type="checkbox"/> French <input type="checkbox"/> English
Permits held to carry on the activities of the establishment				
Types of fuel covered: <input type="checkbox"/> gasoline <input type="checkbox"/> coloured fuel oil <input type="checkbox"/> non-coloured fuel oil (diesel) <input type="checkbox"/> aviation gasoline <input type="checkbox"/> other (specify): _____				
If the establishment makes retail sales, does the person concerned own the fuel? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Does the person concerned make retail sales of tobacco products? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of the person who sold or disposed of the establishment (in the case of an addition) or who purchased the establishment (in the case of a withdrawal)	Area code	Telephone	Extension	
Address of the person named above				Postal code

**3 Changes to information about an establishment registered with Revenu Québec**

Address of the establishment affected by the change in permit type, fuel type or operator registration				Postal code
Change in operator registration or in the permits held to carry on the activities of the establishment				
				Date of the change     Y     M     D
Types of fuel covered: <input type="checkbox"/> gasoline <input type="checkbox"/> coloured fuel oil <input type="checkbox"/> non-coloured fuel oil (diesel) <input type="checkbox"/> aviation gasoline <input type="checkbox"/> other (specify): _____				
If the establishment makes retail sales, does the person concerned own the fuel? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Does the person concerned make retail sales of tobacco products? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of contact person	Area code	Telephone	Extension	Language of communication <input type="checkbox"/> French <input type="checkbox"/> English

**4 Other information to update**

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**5 Certification**

An individual or member of a partnership must complete this part. To authorize another person to complete the form, you must enclose a power of attorney. In the case of a corporation or another entity, this part must be signed by the president, a vice-president, the secretary or the treasurer, or by any other person duly authorized by resolution of the board of directors (in this case, enclose a copy of the resolution).

I certify that the information provided in this form and in any enclosed document is accurate and complete.

_____	_____	_____	_____
Name (please print)	Signature	Title or position	Date



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