



▲ PLEASE ENTER THE YEAR OF THIS REPORT

Part A – Retailer Information

|                                                               |                                                                    |                                                                 |
|---------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------|
| FULL LEGAL NAME OF RETAILER                                   | OUTLET NAME                                                        | PRODUCT BRAND                                                   |
| RETAILER'S ADDRESS (civic/mailing address, city, postal code) |                                                                    | SITE LOCATION – if different (civic address, city, postal code) |
| CONTACT NAME                                                  | CONTACT PHONE                                                      | CONTACT EMAIL                                                   |
| SOURCE OF PRODUCT SUPPLY (wholesaler's name)                  | NUMBER OF OUTLETS operated by the retailer (including this outlet) |                                                                 |
| A separate Retailer Report is required for each outlet        |                                                                    |                                                                 |

Part B – Fuel Storage (Type of tank: STA = Steel, Above Ground STI = Steel, In-Ground FGA = Fibreglass, Above Ground FGI = Fibreglass, In-Ground)

| Regular |                   |                | Premium |                   |                | Diesel |                   |                | Other (please specify) |                   |                |
|---------|-------------------|----------------|---------|-------------------|----------------|--------|-------------------|----------------|------------------------|-------------------|----------------|
| Type    | Capacity (litres) | Year installed | Type    | Capacity (litres) | Year installed | Type   | Capacity (litres) | Year installed | Type                   | Capacity (litres) | Year installed |

Part C – Petroleum Volumes

|           | SELF-SERVE |          |         |        |               | FULL SERVICE |          |         |        |               |
|-----------|------------|----------|---------|--------|---------------|--------------|----------|---------|--------|---------------|
|           | Regular    | Midgrade | Premium | Diesel | No tax diesel | Regular      | Midgrade | Premium | Diesel | No tax diesel |
| January   |            |          |         |        |               |              |          |         |        |               |
| February  |            |          |         |        |               |              |          |         |        |               |
| March     |            |          |         |        |               |              |          |         |        |               |
| April     |            |          |         |        |               |              |          |         |        |               |
| May       |            |          |         |        |               |              |          |         |        |               |
| June      |            |          |         |        |               |              |          |         |        |               |
| July      |            |          |         |        |               |              |          |         |        |               |
| August    |            |          |         |        |               |              |          |         |        |               |
| September |            |          |         |        |               |              |          |         |        |               |
| October   |            |          |         |        |               |              |          |         |        |               |
| November  |            |          |         |        |               |              |          |         |        |               |
| December  |            |          |         |        |               |              |          |         |        |               |
| Total     |            |          |         |        |               |              |          |         |        |               |

Part D – Delivery Costs

What were the wholesaler delivery charges to your outlet location?

| Product                          | Average cost cents per litre (annual cost / total annual volume) |
|----------------------------------|------------------------------------------------------------------|
| Gasoline (all grades and blends) |                                                                  |
| Diesel (all blends)              |                                                                  |

Part E – Annual Revenues

All revenues are to be reported in total

| Revenue Items         | Amount |
|-----------------------|--------|
| Motor fuel sales      |        |
| Convenience / Grocery |        |
| Car wash              |        |
| Automotive services   |        |
| Other (describe)      |        |
| Total Annual Revenues |        |

Part F – Expenses

If no expenses were incurred for an expense category, please enter zero.

| Items                         | Amount |
|-------------------------------|--------|
| Credit card fees              |        |
| Insurance                     |        |
| Repairs and maintenance       |        |
| Utilities                     |        |
| Wages and Benefits            |        |
| – Management                  |        |
| – Operations                  |        |
| All other expenses (describe) |        |
| Total Expenses                |        |

Part G – Retailer Declaration

I certify that the information provided on this form is, to the best of my knowledge, correct and complete.

Name of retailer \* Name and title of authorized person

Date \* Telephone number Signature of employer or authorized person

\* Required information: Please provide the name and telephone number of the authorized person in case the Board needs to verify information.

Information contained in this report is necessary to assist the Board in future retail margin review hearings.

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