



▲ PLEASE ENTER THE YEAR OF THIS REPORT

**Part A – Retailer Information**

FULL LEGAL NAME OF RETAILER		OUTLET NAME	PRODUCT BRAND
RETAILER'S ADDRESS (civic/mailling 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										
<b>Total</b>										

**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 – Revenues**

All revenues are to be reported in total

Revenue items	Amount
Motor fuel sales	
Convenience / Grocery	
Car wash	
Automotive services	
Other (describe)	
<b>Total revenues</b>	

**Part F – Expenses**

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

Expense items	Amount
Credit card expense	
Insurance	
Repairs and maintenance expense	
Utilities	
Wages and benefits	
– Management	
– Operations	
All other expenses (describe)	
<b>Total expenses</b>	

**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 will be used to assist the NBEUB in future margin review hearings.