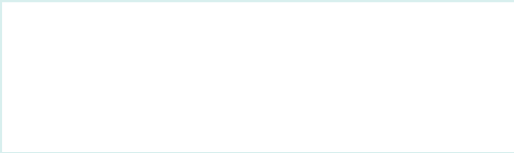




VARIATION TO RETAIL SITE FORM



If you commence to operate a retail site, cease or intend to cease to operate a retail site, then you are required to complete this form. The information collected in this form will be used to review your monthly provisional payment entitlement and update your licence details. If you have commenced operating an additional retail site, complete Parts A, B and D. If you have ceased operating a retail site, complete Parts A, C and D. If more than one site has commenced operating or has ceased operating, details of the additional sites are to be attached to, and lodged with this form.

Part A - Information Requirements

Name of licence holder

Retailer licence number

Part B - New retail site details

Site details of any new retail site in Queensland that you have commenced to operate and sell retail fuel from.

Site trading name

Site address

Suburb/town

State

Postcode

Real property description (obtainable from lease document, rates notice, etc.)

Lot number

Plan number

Date commenced operation of the site

Number of pumps

Diesel

Marine diesel

Motor spirit

Flammable and combustible liquids licence number (if applicable)

Diesel storage capacity

Motor spirit storage capacity

Estimated total volume of sales of retail fuel that is reasonably expected to be made from this site during the current financial year.

Previous operator's details (if applicable)

Previous operator's name

Previous operator's ABN

Part C - Retail site no longer operated

Details of any retail site that you have ceased to operate.

Site address

Suburb/town

State

Postcode

Date ceased operation of the site / /

Actual total volume of sales of retail fuel from this site for the current financial year.

New operator's details (if applicable)

New operator's name

New operator's ABN

Part D - Declaration

I, the licensee or officer authorised by the licensee, declare:

- I am the licensee or officer authorised by the licensee to make this notification
- The information provided in this form is true, complete and correct.

Signature

Date

(Licensee/Officer authorised by the licensee)

Name

(Please print the full name of the person making the declaration)

Contact phone number

Please return this form to:

Queensland Fuel Subsidy Scheme

GPO Box 953

Brisbane Qld 4001

Phone: 1800 814 657

Fax: 07 3227 8769

The Office of State Revenue is collecting the information on this form to determine your eligibility for the fuel subsidy under the *Fuel Subsidy Act 1997* for the transactions you have described on this form. Collection of this information is authorised by the *Fuel Subsidy Act 1997*. The information can only be disclosed by the Office to another party in the circumstances outlined in the *Fuel Subsidy Act 1997* and the *Freedom of Information Act 1992*. For further information see our website at www.osr.qld.gov.au