Gasoline and Motive Fuel Tax Act Revenue Administration Act

Fuel Exemption Card Application AQUACULTURIST



Department of Finance, Revenue and Taxation Division

PART I - APPLICANT INFORM	ATION			
For office use only		a. Business Number:		
To office dee only		b. Legal Name:	b. Legal Name:	
		c. Business or Trade Name	c. Business or Trade Name:	
		□ Re	d. Please check one: New Applicant Renewal: please indicate exemption card #	
		e. Language Preference:	e. Language Preference: English French	
f. Please Check One: Sole Proprietorship: (one owner) Partnership: Two or more persons, must be registered with the Corporate Affairs Branch of Service New Brunswick. Corporation: Limited or incorporated company with directors and officers and must be registered with the Corporate Affairs Branch of Service New Brunswick.				
g. Business Mailing Address (Box #, Street, Road, Avenue, Rural Route, City, Province, Postal Code, County):				
Darking Talankan (7				
Daytime Telephone: () Fax: () h. Physical Location of Operations (Street, Road, Avenue, Rural Route, City, Province, Postal Code, County):				
Daytime Telephone: ()	Fax: () are maintained (Street, Road, Avenue, Rural Route, City, Province, Postal Code, County):			
i. Physical address where records are maintained (Street, Road, Avenue, Rural Route, City, Province, Postal Code, County):				
Daytimo Tolonhono: (Fav: / \			
Daytime Telephone: () Fax: () j. Contact Person (you or your representative if you are not available during the day):				
Daytime Telephone: ()	Fax: ()	Ema	Email:	
PART II – AQUACULTURIST OPERATION INFORMATION				
k. Commercial Fish Farm Permit Number (include copy of permit)				
I. Shellfish Permit Number (include copy of permit)				
m. Commercial Fish Pond Licence # issued by Natural Resources, Province of NB (include copy				
of licence) n. Please check appropriate box (or boxes): Is your operation □ land based and/or □ ocean based?				
o. Is this a start-up Operation? Yes No				
If Yes	What is the amount invested in stock and equipment? \$ \$			
Attach a copy of your three-year business development plan approved by the Minister of				
Agriculture, Fisheries and Aquaculture.				
p. Harvest:	By Volume (Kilograms):	Gross Income from Aquaculture Operations:	% of Total Income from Aquaculture Operations:	
Last Year 20		\$	%	
Year Before Last 20		\$	%	

Gasoline and Motive Fuel Tax Act Revenue Administration Act

Telephone: (506) 453-2404

Fuel Exemption Card Application continued AQUACULTURIST



Department of Finance, Revenue and Taxation Division

PART II (continued) – AQUACULTURIST OPERATION INFOR	MATION			
q. Please give a brief description of your aquaculture operation(s).				
PART III – APPLICANT AGREEMENT				
correct and complete in every detail; I will comply with all provisions under the Gasoline and Motive Fuel	te: Service New Brunswick may share such information with other imon Business Identifier Act.) ication and in every document submitted in support thereof is true, Tax Act and Regulations;			
 I will keep and maintain records that contain the following information for all tax exempt motive fuel, tax paid motive fuel and gasoline purchased, acquired, consumed or used: (a) the date of each purchase or acquisition of tax exempt motive fuel, tax paid motive fuel and gasoline; (b) the name and address of the person from whom tax exempt motive fuel, tax paid motive fuel and gasoline was purchased or acquired; (c) the number of gallons or litres of tax exempt motive fuel, tax paid motive fuel and gasoline purchased or acquired; (d) the type of tax exempt motive fuel, tax paid motive fuel and gasoline purchased or acquired; and (e) the vehicle(s) or equipment into which the tax exempt motive fuel, tax paid motive fuel and gasoline was placed, the tasks performed by that vehicle or equipment and the number of hours of service dedicated to each task. I consent to allowing fuel samples to be extracted from vehicles, machinery and equipment owned and/or operated in association with my business, at my place of business, work locations and random roadside checks for purposes of determining the presence of fuel that has been marked or colored; I accept that my failure to comply with these provisions shall be grounds for revocation of my fuel exemption card. 				
	equaculturist Fuel Exemption Card is \$25.00 (valid for Minister of Finance.			
Name of applicant or person authorized by the applicant (Please print)	Date			
Signature (Note: An authorized signature that would include an owner, partner, corporate officer, manager, or any person authorized by the applicant must sign this form.) Please mail application and address any inquiries to:				
Department of Finance, Revenue and Taxation Division, Licensing and	Registration P.O. Box 3000 Fredericton NB F3B 5G5			

Fax: (506) 457-7335

AQUACULTURIST

Instructions on how to fill out an Application for a Fuel Exemption Card

Part I – Applicant Information

Business Number: This refers to the common business identifier that is issued by Canada

> Revenue Agency (CRA) - i.e. HST number, and it may be obtained upon registering with either CRA, Corporate Affairs Branch of Service

New Brunswick or the Department of Finance.

This refers to one of the following: b. Legal Name:

> Corporation – if you have registered your company as a corporation with the Corporate Affairs Branch of Service New Brunswick, then

you must indicate your Corporation Name;

Partnership – if you have registered as a partnership with the Corporate Affairs Branch of Service New Brunswick, then you must indicate

your Partnership Name;

Sole Proprietorship – if you are not registered with the Corporate Affairs Branch of Service New Brunswick, then this would be vour

personal name.

Business or Trade Name: This refers to the name under which you operate your business (may or

may not be different than Legal Name).

Please specify if this is either your first time applying for a fuel New Applicant or Renewal:

exemption card, or a renewal – if this is a renewal, please indicate your

fuel exemption card number.

Language Preference: Please specify the language in which you prefer to receive

correspondence.

Sole Proprietorship,

Partnership, Corporation: Please refer to Part I b. above and check the appropriate box.

Business Mailing Address: This refers to the mailing address where all correspondence should be

mailed. You must include the full address including County.

h. Physical Location of

Operations:

This refers to where your aquaculture operation is located. You must

include full location address including County.

Physical Address where

records are maintained:

In the event that your records are maintained at an address that is different from your physical location of operations, please specify the address. You must include full location address including County.

Contact Person: Please specify the name and number of whomever is to be contacted

regarding this application.

Part II - Aquaculturist Operation Information

k. Commercial Fish Farm Permit Number:

If you operate a commercial fish farm, please provide your permit number and also include a photocopy of your permit.

1. Shellfish Permit Number:

If you hold a shellfish permit, please provide your permit number and also include a photocopy of your permit.

m. Commercial Fish Pond Licence Number: If you operate a commercial fish pond, please provide your licence number issued by the Department of Natural Resources and also include a photocopy of your licence.

n. Land Based and/or Ocean Based:

Please indicate if your operation is based on land, on the ocean or both.

o. Start-up Operation:

If this is your first year operating as an aquaculturist, please provide the amount invested in stock and equipment and attach a photocopy of your three-year business development plan approved by the Minister of Agriculture, Fisheries and Aquaculture, Province of New Brunswick (Note: in order to qualify as a start-up, you must have invested at least \$10,000 in stock and equipment and be able to derive from the operation an annual gross income of at least \$10,000).

p. Harvest:

If this is not a start-up operation, please provide the following for the last two years:

- total kilograms of harvest;
- gross income from operations before deductions (overhead costs, taxes, etc);
- percentage of your total income derived from your aquaculture operations.
- q. Description of Operations:

Please describe the type of aquaculture operations engaged in, including the types of species raised and whether the operation is either land based or ocean based.

Part III – Applicant Agreement

Applicant Agreement: This refers to the conditions that each applicant accepts upon making

their signature.

Amount Enclosed: This refers to the applicable fee due upon application.

Signature / Date: This confirms that the applicant accepts the conditions imposed under

the Applicant Agreement.