

**Purchaser's Permit Application for a
MANUFACTURER**
Department of Finance, Revenue and Taxation Division

PART I – APPLICANT INFORMATION

For office use only	a. Business Number:
	b. Legal Name:
	c. Business or Trade Name:
	d. Please check one: <input type="checkbox"/> New Applicant <input type="checkbox"/> Renewal: please indicate purchaser's permit # _____
e. Language Preference: <input type="checkbox"/> English <input type="checkbox"/> 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):

Daytime Telephone: () Fax: ()

h. **Physical Location of Operations** (Street, Road, Avenue, Rural Route, City, Province, Postal Code, County):

Daytime Telephone: () Fax: ()

i. **Physical address where records are maintained** (Street, Road, Avenue, Rural Route, City, Province, Postal Code, County):

Daytime Telephone: () Fax: ()

j. **Contact Person** (you or your representative if you are not available during the day):

Daytime Telephone: () Fax: () Email:

PART II – MANUFACTURING OPERATION INFORMATION

Please provide the following:

k. Detailed Description of your Manufacturing Operation:

l. Type and Listing of Goods Produced:

PART III – APPLICANT AGREEMENT

Certain information obtained on this approved application form will be provided to Canada Revenue Agency and Service New Brunswick pursuant to the provisions of the *Common Business Identifier Act*. (Note: Service New Brunswick may share such information with other public bodies for certain purposes pursuant to the provisions of the *Common Business Identifier Act*.)

In signing this application, I hereby certify and agree to the following:

- I am operating commercially and all information given in this application and in every document submitted in support thereof is true, correct and complete in every detail;
- I will comply with all provisions under the *Gasoline and Motive Fuel 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 purchaser's permit.

Amount Enclosed: \$ _____

Note: The Fee for a Purchaser's Permit for a Manufacturer is \$25.00 (valid for 2 years) payable to the 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 E3B 5G5
Telephone: (506) 453-2404 Fax: (506) 457-7335

MANUFACTURER

Instructions on how to fill out an Application for a Purchaser's Permit

Part I – Applicant Information

- a. 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.
- b. Legal Name: This refers to one of the following:
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 your personal name.
- c. Business or Trade Name: This refers to the name under which you operate your business (may or may not be different than Legal Name).
- d. New Applicant or Renewal: Please specify if this is either your first time applying for a purchaser's permit, or a renewal – if this is a renewal, please indicate your purchaser's permit number.
- e. Language Preference: Please specify the language in which you prefer to receive correspondence.
- f. Sole Proprietorship, Partnership, Corporation: Please refer to Part I b. above and check the appropriate box.
- g. 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 manufacturing operation is located. You must include full location address including County.
- i. 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.
- j. Contact Person: Please specify the name and number of whomever is to be contacted regarding this application.

Part II – Manufacturing Operation Information

- k. Description of Operations: Please explain the type of manufacturing that you perform and describe your physical plant. This detail should include the steps involved in your manufacturing process.
- l. Listing of Goods Produced: Please list all goods manufactured.

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.