



Provincial  
Treasury  
Taxation and  
Property Records

**Application for Marked Gasoline and/or  
Marked Diesel Oil Permit for Operations Other Than  
Aquaculturists, Farmers or Fishers**

(Pursuant to the Prince Edward Island Gasoline Tax Act and Revenue Administration Act R.S.P.E.I. 1988)

**Mail to:**

Provincial Treasury, Taxation and Property Records  
PO Box 1150, Charlottetown, PE C1A 7M8  
Tel: (902) 569 7541 Fax: (902) 368 6164  
[www.taxandland.pe.ca](http://www.taxandland.pe.ca)

**Deliver to:**

95 Rochford Street  
Shaw Building, 1<sup>st</sup> Floor  
Charlottetown, PE C1A 3T6

or: any Access PEI Centre

**Freedom of Information and Protection of Privacy**

The personal information requested on this form is collected under the authority of Section 20 of the *Revenue Administration Act*, and is used for the purpose of tax administration and enforcement. Questions on the collection and use of this information can be directed to the Tax Administration Supervisor at (902) 569-7542.

**Access No.:** \_\_\_\_\_

**Section A – General Information**

Ownership Type: Individual  Partnership  Corporation

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Civic Address (Street#/ Street Name/ Suite# or Apt#/ City, Town or Village): \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

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**Section B – Owner, Partner or Officer Information**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Civic Address (Street#/ Street Name/ Suite# or Apt#/ City, Town or Village): \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

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**Section C – Business Information**

1. Does the business have a GST or Federal BIN number? Yes  No  If yes, enter GST or BIN: \_\_\_\_\_

2. Has this business or its owner(s) held a Tax Exemption Permit before? Yes  No

If yes, provide the Tax Exemption Permit Number: \_\_\_\_\_

If no, provide proof of commercial operation.

3. Did you purchase an existing business? Yes  No  If yes, complete the information below ▼

Date of Purchase (mm/yyyy): \_\_\_\_\_

Purchased From: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

4. Yearly Business Operation Period: From: \_\_\_\_\_ To: \_\_\_\_\_

**Section D – Nature of Business**

1. Indicate the type of operation

Sawmill(s)

Community owned rink(s)

Plant(s) for production of fertilizer, lime or feed grains

Golf course(s)

Commercial forestry

Ski-tows

Custom potato grading

Snowmobile trail grooming

Manufacturing or industrial (stationary equipment only)

Boat(s) providing water tours – Provide a copy of the Marine Safety Inspection Certificate for each boat and complete the information below ▼ (attach an additional list if required).

Name of boat: \_\_\_\_\_

Home port: \_\_\_\_\_

Vessel identification number: \_\_\_\_\_

or Vessel registration number: \_\_\_\_\_

