

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

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.

Deliver to:

95 Rochford Street Shaw Building, 1st Floor Charlottetown, PE C1A 3T6

or: any Access PEI Centre

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:				
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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				
 Does the business have a GST or Federal BIN number? Yes ☐ No 	• ,			
Has this business or its owner(s) held a Tax Exemption Permit before	ore? 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, con				
Date of Purchase (mm/yyyy): Purchased From:	Address:			
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4. Yearly Business Operation Period: From:	To:			
Section D – Nature of Business				
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 below ▼ (attach an additional list if required).	Inspection Certificate for each boat and	d complete the	information	
Name of boat:	Home port:			
		or Vessel registration number:		

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Section E – Description of Business			
Provide a brief description of your operation.			
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Section F – Fuel Information			
1. List the equipment in which tax exempt fuel is to be us			
Type of equipment Mak	ke and model	Horsepower	Fuel type
			
2. Indicate the estimated annual fuel consumption of the	equipment listed ab	ove.	
Marked gasoline: litres Marked die	esel oil:	litres Tax exempt propane	e: litres
Please include a c	opv of last yea	r's income tax return(s),	
including schedules and I			cation.
Section G – Certification			
I certify that the information contained herein is accurate	and complete Tuno	deretand that it is an offence subj	act to prosecution under the
Revenue Administration Act, to make any false statemen	nt(s) on this applicati	ion. I authorize any inspector und	er the Revenue
Administration Act or any peace officer to inspect my boo therefrom any quantity of gasoline or diesel oil as sufficie			
compliance with the Gasoline Tax Act.			
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Name of Applicant (please print)	Title of Applicant		
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Signature	Date	Telephone	
For Office Use Only			
Comments:			
	Appli	ication Status: Approved 🗅 De	enied 🗆
		ication Status: Approved 🗅 De	
	Appr		
	Appr Fuel	oved By:	
	Appr Fuel Effec	oved By: Exemption Number: tive Date: Exp	piry Date:
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	Appr Fuel Effec Fuel Upda	oved By: Exemption Number: tive Date: Exp	piry Date: