



Provincial
Treasury
Taxation and
Property Records

**Application for Marked Gasoline and/or
Marked Diesel Oil Permit, and
Revenue Tax Exemption Permit for Aquaculturists**

(Pursuant to the Prince Edward Island Gasoline Tax Act, Revenue 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

Deliver to:

95 Rochford Street
Shaw Building, 1st 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: _____	

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: _____	

Section C – Business Information

1. Does the business have a GST number or Federal BN? Yes No **If yes, enter either number:** _____

2. Has this business or its owner(s) held a Tax Exemption Permit before? Yes No
If yes, provide the Tax Exemption Permit Number: _____

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: _____

5. List the lease or licence number(s) and location(s) **(attach additional list if required)**.

Number	Location	Number	Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Principal buyer of products: _____

Instructions:
If you are applying for the *Marked Gasoline and/or Marked Diesel Oil Permit* – **complete Section D and G on reverse.**
If you are applying as an individual or partnership for the *Marked Gasoline and/or Marked Diesel Oil Permit and the Revenue Tax Exemption Permit* – **complete Section D, E and G on reverse.**
If you are applying as a corporation for the *Marked Gasoline and/or Marked Diesel Oil Permit and the Revenue Tax Exemption Permit* – **complete Section D, F and G on reverse.**

