



Provincial  
Treasury  
Taxation and  
Property Records

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

(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, 1<sup>st</sup> Floor  
Charlottetown, PE C1A 3T6  
**or: any Access PEI Centre**

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

**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.

**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. List the parcel number and location of the **principal farming property**.  
Parcel number: \_\_\_\_\_ Location: \_\_\_\_\_

5. Provide a breakdown of the acreage of **your farming operation**.  
Acres leased: \_\_\_\_\_ Leased from: \_\_\_\_\_  
Acres leased: \_\_\_\_\_ Leased to: \_\_\_\_\_  
Acres owned: \_\_\_\_\_ Total acres cleared: \_\_\_\_\_ Total acres cultivated: \_\_\_\_\_

6. List the type(s) of crops cultivated and how many acres of each (**attach additional list if required**).

Type of crop	Acres	Type of crop	Acres
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. List the type(s) and number of livestock (**attach additional list if required**).

Type of livestock	Number	Type of livestock	Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Instructions:**

If you are applying for the *Marked Gasoline and/or Marked Diesel Oil Permit* – **complete Section D and G.**

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.**

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.**

**Section D – Applying for the *Marked Gasoline and/or Marked Diesel Oil Permit***

1. List the equipment in which tax exempt fuel is to be used (**attach additional list of required**).

Type of equipment	Make and model	Horsepower	Fuel type
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Indicate the estimated annual fuel consumption of equipment listed above.

Marked gasoline: \_\_\_\_\_ litres    Marked diesel oil: \_\_\_\_\_ litres    Tax exempt propane: \_\_\_\_\_ litres

**Please include a copy of last year's income tax return(s), including schedules and Notice of Assessment(s), with this application.**

**Section E – Applying for the *Revenue Tax Exemption Permit* as an Individual or Partnership**

1. Do you receive *25% or more* of your gross annual income from the farming operation?      Yes  No

**If yes, you may qualify for the Revenue Tax Exemption Permit. Please include a copy of last year's income tax return(s), including schedules, and Notice of Assessment(s) with this application.**

**Section F – Applying for the *Revenue Tax Exemption Permit* as a Corporation**

1. Does the corporation receive *25% or more* of its gross annual income from the farming operation of the corporation?      Yes  No

**If yes, the corporation may qualify for the Revenue Tax Exemption Permit. Please provide a copy of last year's income tax return and financial statements for the corporation.**

**Section G – Certification**

I certify that the information contained herein is accurate and complete. I understand that it is an offence, subject to prosecution under the *Revenue Administration Act*, to make any false statement(s) on this application. I authorize any inspector under the *Revenue Administration Act* or any peace officer to inspect my books and records, vehicles or premises and to open any storage tank and remove therefrom any quantity of gasoline or diesel oil sufficient in their opinion, for the purposes of determining whether there has been compliance with the *Gasoline Tax Act* and the *Revenue Tax Act*.

\_\_\_\_\_  
Name of Applicant (please print)

\_\_\_\_\_  
Title of Applicant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(     )  
\_\_\_\_\_  
Telephone

**For Office Use Only**

Fuel Tax Exemption Permit	Revenue Tax Exemption Permit
Application Status:    Approved <input type="checkbox"/> Denied <input type="checkbox"/>	Application Status:    Approved <input type="checkbox"/> Denied <input type="checkbox"/>
Approved By: _____	Approved By: _____
Fuel Tax Exemption Number: _____	Revenue Tax Exemption Number: _____
Effective Date: _____    Expiry Date: _____	Effective Date: _____    Expiry Date: _____
Fuel Type: _____	Client Number: _____
Comments: _____	Updated on: _____
	Comments: _____