

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

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: Individ	lual 🗆 Partnership 🗅	Corporation 🗅					
Business Name:							
Mailing Address:			Province:	Postal Code:			
Civic Address (Street # / Street	Province:	Postal Code:					
Telephone Number:	Fax Number:	E-mail:					
		l					
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							
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:							
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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	Locatio	n			
		<u> </u>					
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.

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Section D – Applying for the Marked Gasoline and/or Marked Diesel Oil Permit						
	Provide the following information about your vessel(s) (a Name of boat:	Home port:				
			or Vessel registration number:			
	vesser identification number		or Vesser registration number			
2.	List the equipment in which tax exempt fuel is to be used	d (attac i	ch additional list if required).			
	Type of equipment Make and mo	odel	Horsepower Fuel type			
						
	Indicate the estimated annual fuel consumption of the ed					
	Marked gasoline: litres Marked diesel c	oil:	litres Tax exempt propane: litres			
			et year's income tax return(s), Assessment(s), with this application.			
	molading Schodales and Itsus		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 production of and sale of aquatic plants and Yes □ No □ animals and do you have the appropriate fish, shellfish or other permits issued by the federal government?						
	If yes, you may qualify for the Revenue Tax Exemption	Permit.				
Se	ection F – Applying for the Revenue Tax Exempt	ion Pe	ermit as a Corporation			
1.	1. Does the corporation hold the appropriate fish, shellfish or other permits issued by the federal government? Yes 🗆 No 🗅					
	Does the corporation receive 25% or more of its gross a corporation?	ınnual in	income from the aquaculture operation of the 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.						
	ection 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 <i>Revenue Administration Act</i> , to make any false statement(s) on this application. I authorize any inspector under the <i>Revenue Administration Act</i> 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 as sufficient in their opinion, for the purposes of determining whether there has been compliance with the <i>Gasoline Tax Act</i> and the <i>Revenue Tax Act</i> .						
Name of Applicant (please print)		Title of	Title of Applicant			
	••		()			
Si	gnature	Date	Telephone			
-	gradare					
For Office Use Only						
	Fuel Tax Exemption Permit		Revenue Tax Exemption Permit			
Ар	plication Status: Approved Denied Denied		Application Status: Approved □ Denied □			
Ар	proved 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:			