Province: Provi	Prince Edward Island	Provincial Treasury Taxation and Property Records	(Pursuant to	Trked Gasoline and/or Ma The Tax Exemption Pern the Prince Edward Island Gasoline Tax and Revenue Administration Act R.S.P.E.	tit for Far Act, Revenue Ta	mers
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Ownership Type: Individual □ Partnership □ Corporation □ Business Name: Malling Address: Province: Postal Code; Crive Address (Street#/ Street Name/ Suite# or Apt#/ City, Town or Village); Province: Postal Code; Section B – Owner, Partner or Officer Information	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. Information may be shared under the Freedom of Information and Protection of Privacy Act section(s) 15(2)(g) or 37(1)(j). Questions on the collection and use of this information					
Business Name: Mailing Address: Civic Address (Street#/ Street Name/ Suite# or Apt#/ City, Town or Vilage): Telephone Number: () Section B – Owner, Partner or Officer Information Name: Mailing Address: Civic Address (Street#/ Street Name/ Suite# or Apt#/ City, Town or Vilage): Province: Postal Code: Province: Postal Code: Province: Postal Code: Province: Postal Code: Postal Code: Postal Code: Province: Postal Code: Postal Code: Postal Code: Postal Code: Postal Code: Postal Code: Province: Postal Code: Postal Code:	Section A – General	Information				
Mailing Address: Province: Postal Code: Civic Address (Street#/ Street Name/ Suite# or Apt#/ City, Town or Village): Province: Postal Code: Telephone Number: [o] [-] Province: Postal Code: Section B – Owner, Partner or Officer Information Image: Street#/ Street Name/ Suite# or Apt#/ City, Town or Village): Province: Postal Code: Mailing Address: Province: Postal Code: Postal Code: Postal Code: Civic Address (Street#/ Street Name/ Suite# or Apt#/ City, Town or Village): Province: Postal Code: Civic Address (Street#/ Street Name/ Suite# or Apt#/ City, Town or Village): Province: Postal Code: Section C – Business Information E-mail:		vidual D Partnersh	nip Corporation			
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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/yyy): 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 from: Acres owned: Total acres cleared: Total acres cultivated: Type of crop Acres Type of crop Acres Type of crop Acres Ty		()				
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Instructions:

All applications must include a copy of last year's income tax return(s), including schedules and Notice(s) of Assessment, as well as a copy of your Farm Registration receipt.

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 fue	l consumption of equipment listed above.					
Marked gasoline:	litres Marked diesel oil:	litres Tax exempt propan	e: litres			

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?

If yes, you may qualify for the Revenue Tax Exemption Permit.

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 Yes D No D corporation?

If yes, the corporation may qualify for the *Revenue Tax Exemption Permit*. Please provide financial statements for the corporation, in addition to last year's income tax return.

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	

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

For Office Use Only				
Fuel Tax Exemption Permit	Revenue Tax Exemption Permit			
Application Status: Approved D Denied D	Application Status: Approved D Denied D			
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:			

Version française également disponible

Yes 🗆 No 🗆