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Tex Administration and Compliance Services, Taxation a x2000, Charlottetown, PE C1A 7N8 (902) 368-5137. ree prescribed issuance fee for marked ga ease include payment of \$10 with the a ease include payment of \$10 with the a ease include payment of \$10 with the a ease include payment of \$10 with the a gate as the proprietorship Proprietorship Partner or Officer Information (if different from guired): Cell Number: () F () Stanformation F () tess have an HST or Federal BIN? Yes I eases or its owner(s) held a Marked Fuel Perr the Marked Fuel Permit Number: 	Finance Taxation and Property Records ce, Taxation and Property Records obtetown, PE C1A 7M8 Fax: (902) 368 6164 seedwardisland.ca cedwardisland.ca Email: taxandland(comonal function of Privacy this form is collected under the authority of Section 31(c) of the and Protection of Privacy Act and will be used for the purposes rement. 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Section	D-	Descri	ption	of	Busi	iness

List the type of activities performed by your business.

Se	ction E – Fuel Information			
1.		xempt fuel is to be used (attach addit	ional list if required).	
	Type of Equipment	Make and Model	Horsepower	Fuel Type
-				
-				
-				
-				
-				
-				
2.	Indicate the estimated annual fue	consumption of the equipment listed	above.	
	EXEMPT:			
	Gasoline (marked & clear)	litres	Marked diesel	litres
	TAXABLE:			
	Gasoline (clear)	litres	Diesel (clear)	litres

Section F – 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* inspect my books and records, vehicles, premises or place where any business is carried on, and to open any storage tank and remove therefrom any quantity of gasoline or diesel sufficient in their opinion, for the purposes of determining whether there has been compliance with the *Gasoline Tax Act*. I have signing authority for the entity that is applying for this permit.

Date

(

)

Telephone

Name (please print)	Title

Signature

For Office Use Only	
Marked Fuel Exemption Permit	
Application Status: Approved :	Comments:
Denied:	
Approved/Denied By:	
Access Number:	
Approval Date: Expiry Date:	
Jpdated On:	
Gasoline Issuance Fee:	
Gasoline: \$ Date Received: Payn	nent Type: Cash: Cheque: Debit:
Received By: Recorded By:	