



Department of
Finance
Taxation and
Property Records

**Application for Marked Gasoline and/or
Marked Diesel Oil Exemption Permit for Fishers**

(Pursuant to the Prince Edward Island Gasoline Tax Act and
Revenue Administration Act R.S.P.E.I. 1988)

CANADA

Mail to:
Department of Finance, Taxation and Property Records
PO Box 1150, Charlottetown, PE C1A 7M8
Tel: (902) 368 4070 Fax: (902) 368 6164

Web Site: www.princeedwardisland.ca Email: taxandland@gov.pe.ca

Deliver to:
95 Rochford Street
Shaw Building, 1st Floor
Charlottetown, PE C1A 3T7

or: any Access PEI Centre

Freedom of Information and Protection of Privacy
Personal information on this form is collected under the authority of Section 31(c) of the Freedom of Information and Protection of Privacy Act and will be used for the purposes of tax administration and enforcement and may be made available to fuel wholesalers or the public. Questions on the collection and use of this information can be directed to the Manager, Tax Administration and Compliance Services, PO Box 2000, Charlottetown, PE C1A 7N8 (902) 368-5137.

For Office Use Only:

Permit No.: _____

**Please note: The prescribed issuance fee for marked gasoline and/ or marked diesel oil permit is \$10.
Please include payment of \$10 with the application.**

Section A – General Information

Ownership Type: Proprietorship Partnership Corporation

Full Applicant or Business Name: _____

Mailing Address:	Community:	Province:	Postal Code:
Civic Address:	Community:	Province:	Postal Code:
Telephone:	Cell:	Fax:	Email:

Section B – Owner, Partner or Officer Information (If different than Section A)

Name (**Full Name Required**): _____

Mailing Address:	Community:	Province:	Postal Code:
Civic Address:	Community:	Province:	Postal Code:
Telephone:	Cell:	Fax:	Email:

Section C – Business Information

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

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

3. Did you recently purchase an existing fishing operation? 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 license number(s) and the species of fish caught (**attach additional list if required**).

Licence Number	Species	Licence Number	Species
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Principal buyer of fish: _____

7. Certified Fisheries Organization Support Fee Paid: _____ Yes _____ No

Instructions: *All applications must include proof that the operation is reporting income from the sale of products from the commercial fishing operation in the name of the applicant.
All core fishers must be in compliance with subsection 8(1) of the Certified Fisheries Organizations Support Act.*

Please Note: *Confirmation of DFO licenses in the name of the applicant must also be attached.*

