



Department of Finance  
Taxation and Property Records

**Application for Marked Gasoline and/or  
Marked Diesel Oil Permit for Operations Other Than  
Aquaculturists, Custom Agricultural Contractors,  
Farmers or Fishers**

**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](http://www.princeedwardisland.ca) Email: [taxandland@gov.pe.ca](mailto: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 is \$10. Please include payment with application.**

**Section A – General Information**

Ownership Type:     Proprietorship     Partnership     Corporation

Full Business Name:

Mailing Address: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Civic Address (#/ Street / Suite# or Apt#/ City, Town or Village): \_\_\_\_\_ 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: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Civic Address (#/ Street/ Suite# or Apt#/ City, Town or Village): \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Section C – Business Information**

1. Does the business have a 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: \_\_\_\_\_

**If no**, provide proof of commercial operation.

3. Did you purchase an existing aquaculture operation?     Yes     No    **If yes**, complete the information below ▼

Date of purchase (mm/yyyy)                      Purchased from:                      Address: \_\_\_\_\_

4. Yearly business operation period:    From: \_\_\_\_\_    To: \_\_\_\_\_

**Section D – Nature of Business**

1. Indicate the type of operation

- |  |  |
|--|--|
| <input type="checkbox"/> Sawmill(s)  | <input type="checkbox"/> Community owned rink(s)   |
| <input type="checkbox"/> Commercial Forestry   | <input type="checkbox"/> Golf course(s)  |
| <input type="checkbox"/> Plant(s) for production of fertilizer, lime or feed grains  | <input type="checkbox"/> Ski-tows  |
| <input type="checkbox"/> Custom potato grading   | <input type="checkbox"/> Snowmobile trail grooming   |
| <input type="checkbox"/> Manufacturing or industrial (stationary equipment only)   | <input type="checkbox"/> Peat Moss   |
| <input type="checkbox"/> Boat(s) providing water tours – Provide a copy of the Marine Safety Inspection Certificate for each boat and complete the information below ▼ | <input type="checkbox"/> Boats used in piloting ships, please complete the information below ▼ |

Name of boat: \_\_\_\_\_ Home port: \_\_\_\_\_

Vessel identification number: \_\_\_\_\_ or Vessel registration number: \_\_\_\_\_

**(Attach an additional list if required.)**

