



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**

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

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 is \$10. Please include payment with application.

Section A – General Information

Ownership Type: Proprietorship Partnership Corporation

Full Applicant or Business Name: _____

Mailing Address:	Community:	Province:	Postal Code:
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Civic Address:	Community:	Province:	Postal Code:
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Telephone:	Cell:	Fax:	Email:
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Section B – Owner, Partner or Officer Information (If different than Section A)

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

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

If no, provide proof of commercial operation.

3. Did you recently purchase this operation? 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: _____

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.)

Section E – Description of Business

1. Provide a brief description of your operation. Please describe the type of work done, and how the equipment which will burn the marked fuel is used in the operation.

Section F – Fuel Information

1. List the equipment in which tax exempt fuel is to be used (**attach additional list if required**).

Type of equipment	Make and model	Horsepower	Fuel type
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Indicate the estimated annual fuel consumption of the equipment listed above.

Gasoline (marked or clear): _____ litres Marked diesel oil: _____ litres

Applicants may be required to submit financial proof of business activity.

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* to 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 authority to act on behalf of the entity applying for this permit.

_____	_____
Name (please print)	Title
_____	_____
Signature	Date
_____	_____
_____	Telephone

For Office Use Only

Comments:	Marked Fuel Permit Approval – Others
	Application Status: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
	Approved By: _____
	Access Number: _____
	Approval Date: _____ Expiry Date: _____
	Updated On: _____
	Issuance Fee - \$10.00 Date Received: _____
	Payment Type: Cash: _____ Cheque: _____ Debit: _____
Received By: _____ Recorded By: _____	