



Department of Finance
Taxation and Property Records

Application for Marked Gasoline and/or Marked Diesel Oil Permit for Aquaculturists

(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 is 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: I authorize Taxation and Property Records to communicate via email using this address.
------------	-------	------	---

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:
------------	-------	------

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 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: _____

5. List the lease or license number(s), the location(s), and the species. (**attach additional list if required**).

Number	Location	Species
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Principal buyer of products: _____

Instructions: *All applications must include proof that the operation is actively engaged in the production of aquatic plants or animals or both for sale, and must report income in the name of the applicant from the sale of the aquatic plants or animals or both produced by the applicant.*

Please Note: *The name on this application must match the name on the aquaculture licenses.*

Section D – Fuel Information

1. Provide the following information about your vessels(s) **(attach additional list if required)**.

Name of boat: _____ Home port: _____

Vessel identification number: _____ or Vessel registration number: _____

2. 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

Section E – 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 signing authority to act on behalf of the entity applying for this permit.

Name (please print)

Title

Signature

Date

Telephone

For Office Use Only**Marked Fuel Exemption Permit**

Application Status: Approved:

Denied:

Approved/ Denied By _____

Access Number: _____

Approval Date: _____ Expiry Date: _____

Updated On: _____

Comments:**Gasoline Issuance Fee:**

Gasoline: \$ _____ Date Received: _____ Payment Type: Cash: ____ Cheque: ____ Debit: ____

Received By: _____ Recorded By: _____

Version française également disponible