

## Application for Marked Gasoline and/or Marked Diesel Oil Permit and Status as a Bona Fide Farmer

 $(Pursuant\ to\ the\ Prince\ Edward\ Island\ \textit{Gasoline}\ \textit{Tax}\ \textit{Act}, \textit{Real}\ \textit{Property}\ \textit{Assessment}\ \textit{Act}\ \text{and}$ 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 Presonal information on this form is collected under the Freedom of Information and Protection of Privacy Act tax administration and enforcement and may be made public. Questions on the collection and use of this information and Compliance Service C1A 7N8 (902) 368-5137.	of ne	For Office Use Only:  Permit No.:					
Application type:   Marked Fuel Only   Bona Fide Farmer Only   Both							
Please note: The prescribed issuance fee for the marked fuel permit is \$10. Please include payment of \$10 with the application if applying for a marked fuel permit.							
Section A – General Information							
Ownership Type:   □ Proprietorship □ Partnership □ Corporation							
Full Applicant or Business Name:							
Mailing Address:	Community:	Community:		Postal Code:			
Civic Address:	Community:		Province:	Postal Code:			
Telephone: Cell:	Fax:			orize Taxation and Property Records to via email using this address.			
Section B – Owner, Partner or Officer Informatio	n (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							
<ol> <li>Does the business have an HST number or Federal BN ? ☐ Yes ☐ No If yes, enter either number:</li></ol>							
4. List ALL Property numbers owned by the applicant that are to be included under the Bona Fide Farmer Status.  Attach an additional list if necessary. NOTE: Only the property(s) included with this application will be reviewed.  Property No.: Property No							
	Acres leased to others: Leased to:   Acres owned: Total acres cleared: Total acres cultivated:						
6. List the type(s) of crops cultivated and how							
Type of crop	Acres Type of crop						
7. List the type(s) and number of livestock (attach additional list if required).							
Type of livestock	Number	Type of livestock		Number			

## Instructions:

## All applications must include a copy of last year's income tax return(s), including schedules and Notice(s) of Assessment, or a completed "Declaration of Income for

Bona Fide Farmer Status" form.

If you are applying for the Marked Gasoline and/or Marked Diesel Oil Permit – complete Section D and G.

If you are applying as an individual or partnership for the Marked Gasoline and/or Marked Diesel Oil Permit and the Bona Fide Farmer Status – complete Section D, E and G.

If you are applying as a company of the Marked Gasoline and/or Marked Diesel Oil Permit and the Bona Fide Farmer Status – complete Section D, E and G.

If you are applying as a corporation for the Marked Gasoline and/or Marked Diesel Oil Permit and the Bona Fide Farmer Status -

complete Section D, F and G.						
Section D – Applying for the Marked Gasoline and/or Marked Diesel Oil Permit						
1. List the equipment in which tax exempt fuel is to be use	ed (attach additional list	if required).				
Type of Year Make Mo	del Horsepower	Plate No.	Fuel type			
2. Indicate the estimated annual fuel consumption of equipment listed above.						
Gasoline (marked or clear): litres	Marked diesel o	oil:	_ litres			
Section E – Applying for Bona Fide Farmer Status as an Individual						
Do you earn <i>at least \$10,000</i> of your gross annual inco your gross annual income from farming?	ome from farming or <i>at lea</i>	est 25% of ☐ Yes	□ No			
2. Are you registered in the Future Farmer Program?						
Future Farmer Program Client No.:	Date Issued:	☐ Yes	□ No			
Section F – Applying for Bona Fide Farmer Status as a Corporation						
1. Does the corporation or partnership earn at least \$10,0	000 of its gross annual inc	ome from				
farming or at least 25% of its gross annual income from	J	□ Vos	. □ No			
Please provide financial statements for the corporation or partnership, in addition to last year's income tax return. $\Box$ Yes $\Box$ No						
2. Is a shareholder or partner registered in the Future Far	mer Program?					
Name of Individual: \to Yes \to No						
Future Farmer Program Client No.: [	Date Issued:					
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 <i>Revenue Administration Act</i> , to make any false statement(s) on this application. I authorize any inspector under the <i>Revenue Administration Act</i> to inspect my books and records, vehicles, premises or place where any business is carried on, and to open any storage tank and remove there from any quantity of gasoline or diesel sufficient in their opinion, for the purposes of determining whether there has been compliance with the <i>Gasoline Tax Act</i> . I authorize access to Highway Safety Division records related to my farm trucks. I have signing authority to act on behalf of the entity applying for this permit.						
Name (please print)	Title					
Cimeture	Data	Talanhana				
Signature  Please include a copy of last year's income tay	Date	Telephone  *Declaration of Income	for			
Please include a copy of last year's income tax return(s), or a completed "Declaration of Income for Bona Fide Farmer Status" form with this application.						
For Office Use Only						
Marked Fuel Exemption Permit	Bona	Fide Farmer Status				
Application Status: Approved:	Income Verified:Yes _		/Milk Quota			
Denied:	income vermedres_	No Tax Return _ Dec. Income				
Approved By:	Approved By:					
Access Number:	Approval Date:	Evniry Dat	۵.			
Approval Date: Expiry Date:	Updated On:		o			
Updated On:	Comments:					
Gasoline: \$ Date Received:						
Payment Type : Cash Cheque Debit						
Received By: Recorded By:						