



Finance, Energy and  
Municipal Affairs  
Taxation and  
Property Records

**Application for Marked Gasoline and/or Marked Diesel Oil Permit,  
and Revenue Tax Exemption Permit for Silviculturists**

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

**Mail to:**

Finance, Energy and Municipal Affairs, Taxation and Property Records  
PO Box 1150, Charlottetown, PE C1A 7M8  
Tel: (902) 569 7541 Fax: (902) 368 6164  
Web Site: [www.taxandland.pe.ca](http://www.taxandland.pe.ca) Email: [taxandland@gov.pe.ca](mailto:taxandland@gov.pe.ca)

**Deliver to:**

95 Rochford Street  
Shaw Building, 1<sup>st</sup> Floor  
Charlottetown, PE C1A 3T6  
**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. Questions on the collection and use of this information can be directed to the Manager, Corporate and Tax Administration Services, PO Box 2000, Charlottetown, PE C1A 7N8 (902) 368-5137.

**For Office Use Only:**

**Access No.:** \_\_\_\_\_

**Please note: The prescribed issuance fee is \$10. Please include payment with application.**

**Section A – General Information**

Ownership Type: Individual  Partnership  Corporation

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

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

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Section B – Owner, Partner or Officer Information**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

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

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Section C – Business Information**

1. Does the business have a GST number or Federal BN? Yes  No  **If yes**, enter either number: \_\_\_\_\_

2. Has this business or its owner(s) held a Tax Exemption Permit before? Yes  No

**If yes**, provide the Tax Exemption Permit Number: \_\_\_\_\_

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

Date of purchase (mm/yyyy): \_\_\_\_\_

Purchased from: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

4. List the parcel number and location of the **principal silviculture property**.

Parcel number: \_\_\_\_\_ Location: \_\_\_\_\_

5. Provide a breakdown of the acreage of **your silviculture operation**.

Acres leased: \_\_\_\_\_ Leased from: \_\_\_\_\_

Acres leased: \_\_\_\_\_ Leased to: \_\_\_\_\_

Acres owned: \_\_\_\_\_ Total acres cultivated: \_\_\_\_\_

6. List the type(s) of trees cultivated and trees harvested and how many acres of each (**attach additional list if required**).

Type of trees

Acres

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Instructions:**

**All applications must include a copy of last year's income tax return(s), including schedules and Notice(s) of Assessment.**

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 *Revenue Tax Exemption Permit* – **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 *Revenue Tax Exemption Permit* – **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 used (**attach additional list if required**).

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

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

Gasoline (marked or clear): \_\_\_\_\_ litres      Marked diesel oil: \_\_\_\_\_ litres

**Section E – Applying for the *Revenue Tax Exemption Permit* as an Individual or Partnership**

1 Do you earn *at least 25% or more* of your gross annual income from silviculture?      Yes       No

**If yes**, you may qualify for the Revenue Tax Exemption Permit.

**Section F – Applying for the *Revenue Tax Exemption Permit* as a Corporation**

1 Does the corporation *earn at least 25% or more* of its gross annual income from silviculture?      Yes       No

**Please provide financial statements for the corporation, in addition to last year's income tax return.**

**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* or any peace officer 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* and the *Revenue Tax Act*.

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

**Please include a copy of last year's income tax return(s), including schedules and Notice(s) of Assessment with this application.**

**For Office Use Only**

Fuel Tax Exemption Permit	Revenue Tax Exemption Permit
Application Status:    Approved <input type="checkbox"/> Denied <input type="checkbox"/>	Application Status:    Approved <input type="checkbox"/> Denied <input type="checkbox"/>
Approved By: _____	Approved By: _____
Fuel Tax Exemption Number: _____	Revenue Tax Exemption Number: _____
Approval Date: _____    Expiry Date: _____	Approval Date: _____    Expiry Date: _____
Fuel Type: _____	Client Number: _____
Issuance Fee - \$10.00    Received: _____	Updated on: _____
Payment Type: Cash: _____    Cheque: _____    Debit: _____	Comments: _____
Comments: _____	