



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)

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.taxandland.pe.ca Email: taxandland@gov.pe.ca

Deliver to:

95 Rochford Street
Shaw Building, 1st 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 sent to the Manager, Tax Administration and Compliance Services, Taxation and Property Records Division, P O 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: Individual Partnership Corporation

Full 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 (If different than Section A)

Name (*Full Name Required*): _____

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 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 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 licence number(s) and location(s) (**attach additional list if required**).

Number

Location

Species

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 and animals for sale, and must report income from the sale of the aquatic plants and animals produced.

Section D – Fuel Information

1 Provide the following information about your vessel(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 the 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* 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*.

Name (please print) Title

Signature Date Telephone

For Office Use Only

Comments:	Application Status: Approved <input type="checkbox"/> Denied <input type="checkbox"/>
	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: _____