



Finance, Energy and
Municipal Affairs
Taxation and
Property Records

Application for Registration as a Vendor



Application for Registration as a Vendor

General Information

Purpose

Every person who sells taxable goods in Prince Edward Island in the ordinary course of business is required to register with Taxation and Property Records to collect and remit revenue tax (PST).

Application Requirements

Corporations, partnerships and sole proprietorships must register their business name with the Office of the Attorney General; Consumer, Corporate and Insurance Services Division [telephone (902) 368-4550; fax (902) 368-5283].

Some businesses must obtain licences before registering as a vendor. The table below provides information on licences required by type of business. (**Note:** This list is for convenience purposes only and may not be complete.)

Business Type	Licence Required	Issuing Department	Tel (902)	Fax (902)
Food Sales	Food Service Licence	Health <i>Environmental Health</i>	368-4970 1 800 958-6400	368-6468
Liquor Sales	Liquor Licence	Liquor Control Commission	368-5710	368-5735
Motor Vehicle Sales	Motor Vehicle Dealer's Licence	Transportation and Public Works <i>Highway Safety</i>	368-5223 432-2714	368-5236
Accommodations	Tourist Establishment Licence	Tourism <i>Quality Tourism Services</i>	566-3501	566-3575

Security

Government may require security, equal to six months' estimated tax, in the form of cash, certified cheque, insurance bond or irrevocable letter of credit before approving an applicant for registration as a vendor.

Processing of Applications

You should allow up to five business days after you have provided **all** information and any security requested for processing of your application.

If a business plan has been prepared, please attach a copy to your completed application form.

Returning the Application Form

Return the attached application form to:

By mail:

Finance, Energy and
Municipal Affairs
Taxation and Property Records
PO Box 1150
Charlottetown, PE C1A 7M8

Deliver to:

95 Rochford Street
Shaw Building, 1st Floor South
Charlottetown, PE C1A 3T6
or: any Access PEI Centre

Email: taxandland@gov.pe.ca

Web site: www.taxandland.pe.ca

By fax: (902) 368-6164

For more information about the **Application to Register as a Vendor**, contact the Program Application Co-ordinator at (902) 368-4148.



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Application for Registration as a Vendor

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

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
Account No.
Class Code
Effective Date of Registration
Reporting Period
Researched
Security Requested
Security Received
Approved
Date Registered

Section A – Business Information (mailing address for tax information)			
Ownership Type: Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/>			
Business Name:			
Mailing Address:			Province:
			Postal Code:
Civic Address (Street # / Street Name / Suite # or Apt # / City, Town or Village):			Province:
			Postal Code:
Telephone Number:	Fax Number:	Email:	

Section B – Owner, Partner(s), Officer or Head Office Information			
Name:			Title:
Mailing Address:			Province:
			Postal Code:
Civic Address (Street # / Street Name / Suite # or Apt # / City, Town or Village):			Province:
			Postal Code:
Telephone Number:	Fax Number:	Email:	

Section C – Contact Person (for tax issues)	
Name:	
Telephone Number:	Email:

Section D – Business History			
1.	A.	Has the business or its owner(s) (in Section A or B) previously been registered as a vendor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	B.	If yes, previous account number (if known) _____	
2.	Is this application the result of purchasing an existing business? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	A.	Date of Purchase (mm/yyyy):	Business Name:
		Previous Owner's Name:	
	B.	Did you purchase shares of the existing business? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3.	Did you make a bulk purchase of:		
	A.	Inventory from a business that has ceased to operate? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Date of Purchase (mm/yyyy):	Amount Paid for Inventory:
		Name:	
	B.	Fixed Assets (equipment, furnishings, etc.) from a business that does not normally retail those goods? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Date of Purchase (mm/yyyy):	Amount Paid for Fixed Assets:
		Name:	
4.	Was a clearance certificate obtained? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Section E – Nature of Business

1. What type best describes your business? Retail (Goods and Services) Wholesale Manufacturing

2. Indicate in the space below ▼ the goods and/or services you will be selling (up to four).

- | | |
|---------|---------|
| • _____ | • _____ |
| • _____ | • _____ |

3. Will you be retailing liquor? Yes No

4. Will you be retailing tobacco? Yes No

If yes, complete an application for a Tobacco Retail Vendors License

5. Will you be retailing tires? Yes No

6. Are there coin operated entertainment devices on your premises? Yes No

Section F – Period of Operation

Enter an "X" in each box for the months that the business will be open each year.

Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
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Section G – Accounting and Bookkeeping Information

1. Enter the effective date of registration for PST purposes:

Month / Day / Year
 _____ / _____ / _____

2. Business Year End:

Month / Day Estimated sales tax to be remitted monthly:
 _____ / _____ \$ _____

3. Are you interested in having someone visit your business to instruct you on how to properly collect and remit tax? Yes No

Section H – Applicable Licence Numbers

Please indicate below whether your business has applied for, or has received, the following licences and provide the licence numbers.

Type of Licence	A pplied for	Received	Licence Number
Provincial Corporation Number	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food Service Licence Number	<input type="checkbox"/>	<input type="checkbox"/>	_____
Liquor Licence Number	<input type="checkbox"/>	<input type="checkbox"/>	_____
RIN Number (Motor Vehicle Dealer's Licence)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tourist Establishment Licence Number	<input type="checkbox"/>	<input type="checkbox"/>	_____
GST or federal business number (BN)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tobacco Retail Vendors Licence	<input type="checkbox"/>	<input type="checkbox"/>	_____

Section I – Certification

The applicant named below hereby makes application for registration under the *Revenue Tax Act* and/or the *Environment Tax Act* and agrees to accept the responsibilities as set out in the *Revenue Administration Act*, collect the tax imposed, and account to the Provincial Tax Commissioner for all monies collected under the acts.

I certify that the above information is correct to the best of my knowledge and belief. I also understand that the information on this form will be used for purposes of tax administration and enforcement pursuant to Section 20 of the *Revenue Administration Act*.

Name of Applicant

Title of Applicant

Signature

Date

Telephone

(Must be co-signed by parent/guardian if applicant is under 18 years of age.)