

Application Form

Fuel Tax Exemption Permit

For Farmers, Fishers, Trappers, and Loggers

Ministry of Finance
PO Box 200
Regina, SK S4P 2Z6
Toll Free: 1-800-667-6102
Phone: 306-787-6645
SaskTaxInfo@gov.sk.ca

PART A - BUSINESS INFORMATION

1. Does the business have a Federal Business Number? ☐ Yes ☐ No If 'Yes' provide (first 9 digits):

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2. SK Start Date (YYYYMMDD):

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3. Legal Name: Last Name, First Name if individual(s)

4. Operating Name: As it appears on the business's invoices ☐ Same as Legal Name

5. Mailing Address: Input primary mailing address on the first line and any alternate address on the second line

Mailing Address	City, Province	Postal Code	Comment
			Primary Mailing

6. Physical Location: Input head office on the first line and any additional locations on the second and third line

Street Address	City, Province	Postal Code	Country

PART B - REGISTRATION INFORMATION

7. Does the business have a SK Corporate Registry Number? ☐ Yes ☐ No If 'Yes' provide:

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8. Type of Ownership: Select one of the following

<input type="checkbox"/> Corporation: <i>Includes Non-Profits and Co-operatives</i>	Director Name (Last Name, First Name)	Director Name (Last Name, First Name)
	Director Name (Last Name, First Name)	Director Name (Last Name, First Name)
<input type="checkbox"/> Sole Proprietor	Owner Name (Last Name, First Name)	Drivers Licence PIC:
<input type="checkbox"/> Partnership	Partner Name (Last Name, First Name)	Federal BN/Drivers Licence PIC:
	Partner Name (Last Name, First Name)	Federal BN/Drivers Licence PIC:
<input type="checkbox"/> Joint Venture	Operator Name:	Federal BN/Drivers Licence PIC:
	Participant Name:	Federal BN/Drivers Licence PIC:
<input type="checkbox"/> Other <i>School Boards, RMs, etc.</i>	Type of Ownership:	Legal Name: Federal BN/Drivers Licence PIC:

PART C - PRIMARY PRODUCER INFORMATION

9. Certification of Commercial Logging, Trapping or Fishing Activity

Indicate Type of Primary Production Activities: ☐ Logging ☐ Fishing ☐ Trapping

License, Permit or Contract No.	Issued By:	Date Issued:	Issued in Name of:

PART D - FARMING INFORMATION**10. Description of Farming Operation:** Provide details regarding the size and nature of the farming operation

Total Cultivated Acres:		Cereal Crop Acres:	
Legal Land Description:			
	R.M. No.	Quarter	Section
	Township	Range	Meridian
First Year of Farming:		Type of Primary Livestock: (if any)	
Average Number of Primary Livestock:		Expected Average Number of Primary Livestock:	

11. Qualifying Sales of Eligible Commodities

Description of Commodities Sold	Estimated Sales per Year

12. Associated Farms: List any individual or entity that you farm with co-operatively or in a joint venture

Name or Business Name	Location (City, Province, Country)	Ownership (%)	Business Number

PART E - CONTACT INFORMATION**13. Contact Information:** The business consents to the release of confidential information about their SK tax accounts to the representatives named below. By providing your email address, you consent to the use of this email address for exchange of information and communication purposes with the Ministry of Finance. It is your responsibility to advise the Ministry of Finance if this email address changes or should no longer be used for communication purposes.

Primary Contact	
Contact Name: _____	Title: _____
Business Name: _____	Federal Business Number: _____ <input type="checkbox"/> Same as Applicant
Tel No. #1 (____) _____	Tel No. #2 (____) _____ Fax No. (____) _____
E-mail: _____	
Alternate Contact	
Contact Name: _____	Title: _____
Business Name: _____	Federal Business Number: _____ <input type="checkbox"/> Same as Applicant
Tel No. #1 (____) _____	Tel No. #2 (____) _____ Fax No. (____) _____
E-mail: _____	

PART F - CERTIFICATION

I certify that the information provided in support of this application is true in substance and in fact and that I am authorized to complete this application on behalf of the business named. I understand that any licence issued pursuant to this application is subject to the provisions of the corresponding legislation, and that any licence application or licence issued based on information that is materially false or inaccurate may be denied, suspended and/or cancelled. I authorize the Ministry of Finance to verify any information contained in this form with any entity that holds such information.

Applicant Name (please print)

Tel No.

Role/Title

Signature of Applicant

Date (YYYY-MM-DD)