

**Saskatchewan  
Finance**

**Revenue Division**

2350 Albert Street  
Regina SK S4P 4A6

**For Office Use Only**

Toll Free 1-800-667-6102  
Regina 306-787-6645  
Fax 306-787-9644  
E-mail: sask.tax.info@finance.gov.sk.ca

## Application For Vendor's Licence Consumer Permit Provincial Sales Tax / Liquor Consumption

**Please read the instructions on the next page before competing this application form.**

1. Trade Name \_\_\_\_\_
  
2. Business Address \_\_\_\_\_  
Street Address
  
3. Mailing Name and Address (if different from above) \_\_\_\_\_  
City/Town/Village/Hamlet Province Postal Code  
Mailing Name Street Address  
City/Town/Village/Hamlet Province Postal Code
  
4. Indicate (X) Type of Ownership
 

<input type="checkbox"/> Individual Proprietor	Drivers Licence Number (PIC)	<table border="1" style="width: 100%; height: 15px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				
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<input type="checkbox"/> Other (organization, clubs, etc.) Specify _____																						
  
5. List Owner(s) of Business \_\_\_\_\_  
 If a Corporation, List Officers \_\_\_\_\_
  
6. Federal Business Number (GST Registration Number) 

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7. Commencement Date of Business (in Sask) 

D	D	M	M	Y	Y	Y	Y												
  
8. Indicate months of operation(X) if other than entire year.
 

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
  
9. Indicate (X) Type of Business
 

<input type="checkbox"/> Wholesale	<input type="checkbox"/> Retail	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Service	<input type="checkbox"/> Supply and Install Contractor
<input type="checkbox"/> Direct Sales (Home Parties)	<input type="checkbox"/> Other			
  
10. Please Indicate (X) if you sell
 

<input type="checkbox"/> Liquor	<input type="checkbox"/> Tobacco
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11. Please describe the nature of your business \_\_\_\_\_
  
12. Please indicate (X) if this is a new business
 

<input type="checkbox"/> yes	<input type="checkbox"/> no. If no,
a) indicate (X) if business is being	<input type="checkbox"/> Purchased <input type="checkbox"/> Leased; or
b) if only a portion of this business is being	<input type="checkbox"/> Purchased <input type="checkbox"/> Leased

Please provide the name and address of the former owner/leasee:

Name of Previous Business	Provincial Sales Tax Number (PST)
Name and Home Address of Previous Owner	Telephone Number
  
13. Anticipated monthly sales on which Provincial Sales Tax will be collected \$ \_\_\_\_\_  
 Anticipated monthly liquor sales \$ \_\_\_\_\_
  
14. List other businesses which you currently operate in Saskatchewan
 

Provincial Sales Tax Number (PST)	Business Name	City or Town
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15. If you operate more than one business, do you wish to file one consolidated return form?  no  yes  
 If yes, please provide Provincial Sales Tax account number \_\_\_\_\_
  
16. Applicant Declaration  
 I certify that the information in this application is correct and complete to the best of my knowledge and belief. I agree to hold all taxes collected in trust and to remit these taxes to Saskatchewan Finance as required by the legislation. I authorize the Department of Finance to verify any information contained in this form with the Federal Government, Corporations Branch and/or Saskatchewan Government Insurance.
  

Print name of owner or authorized official and position held	( ) Business Phone Number
Signature	( ) Resident Phone Number
Date	( ) Fax Number
E-mail Address	

## APPLICATION FORM INSTRUCTIONS

**Please read these instructions carefully before completing the first page.**

1. **Trade Name** - enter the trade name of the business. This would be the name as it is known to your customers and/or as it appears in advertising.
2. **Business Address** - enter the complete business address from which operations are carried on. In rural areas the post office box number and postal code are acceptable.
3. **Mailing Name or Address** - enter the complete address, including apartment or suite number, to which forms and other notices are to be mailed. A "care of" address, such as your accountant or your lawyer, is acceptable.
4. **Type of Ownership** - place an "X" in the appropriate box. If you are unsure of the category, please attach a brief description of the ownership.
  - a) If the business is a proprietorship (an individual), record your drivers license number.
  - b) If the business is a partnership, record the Corporation Branch Entity Number
  - c) If the business is a corporation, record the Corporation Branch Entity Number
5. **Owners** - enter the complete name (not initials or abbreviations). If ownership is:
  - Individual Proprietor - enter the proprietor's name
  - Partnership - enter all partners' names
  - Corporation - enter the complete registered corporate name and list of officers
  - Association - enter the complete legal name of the association
6. **Federal Business Number** - enter the Federal Business Number for the business.
7. **Commencement Date of Business (In the Province of Saskatchewan)** - in the case of an individual proprietor or partnership, commencement date of business is the date operations commenced under the present ownership. In the case of a corporation formed to operate a new business or to continue a business formerly operating as an individual proprietorship or partnership, commencement date is the date operations commenced following incorporation.

**Note: If the business has been operating prior to the date of this licence application, please attach a summary of all sales and the tax due during that time along with a cheque or money order payable to the "Minister of Finance".**
8. **Months of Operation** - if your business will not operate in all months place an "X" in the months in which it will operate during any given year.
9. **Type of Business** - place an "X" in the appropriate box to indicate the type(s) of business.
10. **Liquor and Tobacco Sales** place an "X" in the appropriate box to indicate if you sell these products.
11. **Nature of Business** - provide a brief description of your business operations. Examples:
  - (a) general store with small lunch counter
  - (b) plumbing and heating installation sales and service
  - (c) service station with vehicle sales and cafe
  - (d) hotel with licenced dining room and cocktail lounge.
12. **Take Over of Existing Business**- licences are **not** transferable. A new application must be completed each time a change of ownership occurs. To avoid any liability for unpaid tax, the purchaser must obtain a copy of the clearance certificate from the previous owner indicating that all tax has been paid.
13. **Monthly Sales** - enter your anticipated monthly sales on which tax will be collected.
14. **Other Business** - List all other businesses with which you are associated as an owner.
15. **Consolidated Return** - if you operate more than one business, indicate if you wish to file one return for all businesses that you operate.
16. **Applicant Declaration** - to be completed and signed by an individual authorized to sign on behalf of the business.