

Registration Form

Application for Registration

Provincial Sales Tax | Liquor Consumption Tax | Vapour Products Tax | Beverage Container Program | Tobacco Retailer

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):

--	--	--	--	--	--	--	--	--

2. SK Start Date (YYYYMMDD):

--	--	--	--	--	--	--	--

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 mailing address on the first line and any additional location addresses on the second and third lines

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:

--	--	--	--	--	--	--	--	--

8. Type of Ownership: Select **one** of the following

<input type="checkbox"/> Corporation:	Director Name (Last Name, First Name)	Director Name (Last Name, First Name)
Includes Non-Profits and Co-operatives	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	Type of Ownership:	Legal Name:
School Boards, RMs, etc.		Federal BN / Drivers Licence PIC:

9. Nature of Business: Provide details regarding the primary nature of the business's SK operations

Description of the Type of Business and Product(s) or Service(s) Provided in SK	Est % of Revenue

10. Indicate the months of operation if less than entire year:

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Was an existing business purchased? ☐ Yes ☐ No

If 'Yes' indicate the type of purchase: ☐ Assets ☐ Shares

If Assets were purchased; the [Business Assets Declaration](#) form **must** be completed.

Closing Date of Sale (YYYYMMDD):

--	--	--	--	--	--	--	--

12. Associated Companies: List any associated companies conducting business in SK

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

PART C – CONTACT INFORMATION

13. Would the business like to securely report information to the Ministry electronically through Saskatchewan eTax Services (SETS)?

If 'Yes' please register online at sets.saskatchewan.ca

14. 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: _____ ☐ Same as Applicant
Tel No. #1 (____) _____ Tel No. #2 (____) _____ Fax No. (____) _____
E-mail: _____

Alternate Contact

Specify Use: _____

Contact Name: _____ Title: _____
Business Name: _____ Federal Business Number: _____ ☐ Same as Applicant
Tel No. #1 (____) _____ Tel No. #2 (____) _____ Fax No. (____) _____
E-mail: _____

PART D – PROVINCIAL SALES TAX REGISTRATION INFORMATION

15. Does the business make online sales in Saskatchewan, with no physical store front location in Saskatchewan? ☐ Yes ☐ No

16. Are products manufactured? ☐ No Manufacturing ☐ Manufactured Within SK ☐ Manufactured Outside SK

17. Does the business sell tobacco? ☐ Yes ☐ No If 'Yes', please provide the physical addresses for all Saskatchewan locations that sell tobacco. Attach a separate listing if more space is required. NOTE: Saskatchewan tobacco retailers must obtain and display a Tobacco Retailer Licence for each location that sells tobacco products.

Street Address	City, Province	Postal Code

18. Will the business import goods from outside SK for its own consumption or use in SK? ☐ Yes ☐ No

19. Anticipated monthly sales on which SK PST will be collected (including taxable services): \$ _____

PART E – LIQUOR CONSUMPTION TAX AND/OR VAPOUR PRODUCTS TAX REGISTRATION INFORMATION

20. Does the business sell liquor? ☐ Yes ☐ No

21. Is the business registered with Saskatchewan Liquor and Gaming Authority to manufacture liquor? ☐ Yes ☐ No

22. Does the business sell vapour products? ☐ Yes ☐ No

23. Anticipated monthly sales on which LCT and/or VPT will be collected: \$ _____

PART F – BEVERAGE CONTAINER PROGRAM INFORMATION

24. Is the business registered with the Ministry of Environment to manufacture or distribute ready to serve beverages in SK? ☐ Yes ☐ No

PART G - CERTIFICATION

I certify that the information provided in this application and in any future filings made under this registration is true, correct, and complete. I confirm 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. I understand that under The Revenue and Financial Services Act, I am required to comply with all reporting and remittance obligations, and that knowingly providing false or misleading information, or failing to comply with these obligations, is an offence that may result in penalties and/or prosecution.

Applicant Name (please print)

Tel No.

Role/Title

Signature of Applicant

Date (YYYY-MM-DD)