

# 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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			<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If 'Yes' provide:	_____
8. Type of Ownership:	Select <u>one</u> 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:	Federal BN / Drivers Licence PIC:	
School Boards, RMS, etc.				

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"/>											

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.

Name of Seller: \_\_\_\_\_

Closing Date of Sale (YYYYMMDD):

_____	_____	_____	_____	_____	_____	_____
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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](http://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)