



Revenue Division  
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# Registration Form

## Application for Registration

Provincial Sales Tax | Liquor Consumption Tax | Beverage Container Program

### 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:	Director Name (Last Name, First Name)	Director Name (Last Name, First Name)
<i>Includes Non-Profits and Co-operatives</i>	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:
<i>School Boards, RMs, etc.</i>		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 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 the Saskatchewan eTax Services portal*?  Yes  No

If 'Yes' please register on-line at [www.SETS.saskatchewan.ca](http://www.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. Are products manufactured?  No Manufacturing  Manufactured Within SK  Manufactured Outside SK

16. Does the business sell tobacco?  Yes  No

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

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

**PART E – LIQUOR CONSUMPTION TAX REGISTRATION INFORMATION**

19. Does the business sell liquor?  Yes  No

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

21. Indicate anticipated monthly sales on which LCT will be collected: \$ \_\_\_\_\_

**PART F – BEVERAGE CONTAINER PROGRAM INFORMATION**

22. 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 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)