Government of Saskatchewan
Ministry of Finance

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

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

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): | | | | | | | | |

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 (e.g. SETS/E-File)? ☐ Yes ☐ No

If **'Yes'** the SK Electronic Tax Service (SETS) Application form **must** be completed.

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)