



**Saskatchewan
Finance**
Revenue Division

2350 Albert Street
Regina, Sask.
S4P 4A6
Toll Free 1-800-667-6102
Regina (306) 787-6645
Fax (306) 787-9644
E-mail: sasktaxinfo@gov.sk.ca

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

For Office Use Only

Please read the instructions on the reverse side before completing this application form.

1. Trade Name S and G Applications Inc.
2. Business Address 943 Dutkowski Cres.

Street Address
Regina
City/Town/Village/Hamlet

SK
Province

S4N 6X7
Postal Code
3. Mailing Name and Address (if different from above)

Mailing Name

Street Address

Postal Code

City/Town/Village/Hamlet

Province

Postal Code
4. Indicate (X) Type of Ownership ☐ Individual Proprietor Drivers Licence Number (PIC)

☐ Partnership Corporations Branch Entity Number

☒ Corporation Corporations Branch Entity Number 102044465
☐ Other (organization, clubs, etc.) Specify _____
5. List Owner(s) of Business
 If a Corporation, List Officers Nathan Scherr - CEO, Tyler Guillaume - CFO
6. Federal Business Number (GST Registration Number) 102044465
7. Commencement Date of Business (in Sask) 01/05/2018
 Day Month Year
8. Indicate months of operation (X) if other than entire year.

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|-----|-----|-----|-----|-----|-----|------|-----|------|-----|-----|-----|
| Jan | Feb | Mar | Apr | May | Jun | July | Aug | Sept | Oct | Nov | Dec |
| | | | | | | | | | | | |
9. Indicate (X) Type of Business ☐ Wholesale ☐ Retail ☐ Manufacturer ☒ Service ☐ Supply and Install Contractor
☐ Direct Sales (Home Parties) ☐ Other
10. Please indicate (X) if you sell ☐ Liquor ☐ Tobacco
11. Describe the nature of your business Software Development
12. Please indicate (X) if this is a new business ☒ yes ☐ no. If no,
 a) indicate (X) if business is being ☐ Purchased ☐ Leased; or
 b) if only a portion of this business is being ☐ Purchased ☐ 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 \$ 2,000
 Anticipated monthly liquor sales \$ _____
14. List other businesses which you currently operate in Saskatchewan

Provincial Sales Tax Number (PST) _____

Business Name _____

City or Town _____
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
Nathan Scherr
 Signature
N Scherr
 Date
30/05/18

Business Phone Number
(306) 526-9039
 Resident Phone Number

 E-mail Address
nathan.scherr@sandyapplications.com
 Fax Number
