



VAPOUR PRODUCTS LICENCE APPLICATION FOR
WHOLESALE AND RETAILERS UNDER THE
REVENUE ADMINISTRATION ACT

PLEASE TYPE OR PRINT IN INK WHEN COMPLETING THIS FORM AND FORWARD TO :

TAX ADMINISTRATION DIVISION, DEPARTMENT OF FINANCE, P.O. BOX 8720 ST. JOHN'S, NL, A1B 4K1
Email : TaxRegistration@gov.nl.ca Fax: 709-729-2856

ARE YOU CURRENTLY REGISTERED UNDER A TAX PROGRAM?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Remitter Number(6 digit) _____	

PLEASE CHECK THE BOX TO INDICATE WHICH LICENCE(S) YOU ARE APPLYING FOR:	
<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Retailer
<input type="checkbox"/> ADD LOCATION to current VAPE Retailer Licence	

BUSINESS DETAILS	
PLEASE CHECK THE BOX TO INDICATE BUSINESS TYPE	
<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Association <input type="checkbox"/> Corporation (Attach copy of Certificate of Incorporation)	
LEGAL NAME:	
TRADE NAME:	
FISCAL YEAR END:	
FEDERAL BUSINESS NUMBER:	
COMMENCEMENT DATE OF BUSINESS:	
COMMENCEMENT DATE OF BUSINESS IN NL, IF DIFFERENT FROM ABOVE:	

COMPLETE MAILING ADDRESS			
Street/Box	Town/City	Prov/State	Postal/Zip code

BUSINESS LOCATION ADDRESS (If different than mailing address)			
Street/Box	Town/City	Prov/State	Postal/Zip code
Contact Information (Should it be necessary to contact you for further information, please provide the following)			
Contact Name		Title	
Phone	Facsimile	E-Mail	

ACCOUNTING RECORDS LOCATION (If different than location address)			
Street/Box	Town/City	Prov/State	Postal/Zip code
Contact Information (Should it be necessary to contact you for further information, please provide the following)			
Contact Name		Title	
Phone	Facsimile	E-Mail	

MULTIPLE LOCATIONS ADDRESS (Complete if more than one location. If more than two, please provide required information on a separate sheet.)			
Street/Box	Town/City	Prov/State	Postal/Zip code
Contact Information #1 (Should it be necessary to contact you for further information, please provide the following)			
Contact Name		Title	
Phone	Facsimile		E-Mail
Street/Box	Town/City	Prov/State	Postal/Zip code
Contact Information #2 (Should it be necessary to contact you for further information, please provide the following)			
Contact Name		Title	
Phone	Facsimile		E-Mail

BANKING INFORMATION			
Bank Name			
Street/Box	Town/City	Prov/State	Postal/Zip Code
Bank Number	Transit Number		Account Number

OWNERS AND DIRECTORS INFORMATION: Enter the name, email address, phone number and title for the following: Proprietorship - Owner, Partner - Two or more partners, Corporation - Officers/ directors (If there are more than two, please provide same on a separate sheet)				
# 1				
Name		E-Mail	Phone	
Title				
Owner <input type="checkbox"/>	Director <input type="checkbox"/>	Officer <input type="checkbox"/>	Partner <input type="checkbox"/>	Other <input type="checkbox"/> (specify) _____
# 2				
Name		E-Mail	Phone	
Title				
Owner <input type="checkbox"/>	Director <input type="checkbox"/>	Officer <input type="checkbox"/>	Partner <input type="checkbox"/>	Other <input type="checkbox"/> (specify) _____

OTHER INFORMATION

ESTIMATE OF MONTHLY SALES VOLUME OF VAPOUR PRODUCTS PER CATEGORY:
Dollar Value of Vapour Devices \$
Dollar Value of Vapour Substances \$
Dollar Value of Vapour Packages \$

Name and Province/State of Suppliers of Vapour Products (If more than three, please provide same information on a separate sheet.)	
Trade Name	Province/State
Trade Name	Province/State
Trade Name	Province/State

ARE YOU PURCHASING VAPOUR PRODUCTS FOR THE PURPOSE OF SELLING IN ANOTHER JURISDICTION?
<input type="checkbox"/> YES <input type="checkbox"/> NO

IF THIS BUSINESS HAS BEEN PURCHASED, LEASED OR OTHERWISE TAKEN OVER FROM A PREVIOUS OPERATOR, PLEASE PROVIDE THE FOLLOWING
Name of previous operator
Effective date of change-over

CERTIFICATION	
I hereby certify that, to the best of my knowledge and belief, the information provided on this form is accurate. It is a serious offence to make false statements on this Application.	
_____	_____
Name Please Print	Signature
_____	_____
Title	Email Address

Date	

Privacy and Confidentiality Notice

This information is collected for the purpose of the Department of Finance to process applications under the Revenue Administration Act. All information you provide, both personal and business related, will be kept confidential and compliant with the Access to Information and Protection of Privacy Act, 2015 (www.assembly.nl.ca/Legislation/sr/statutes/a01-2.htm).

If you have any questions regarding privacy and confidentiality, please contact the Tax Administration Division toll free at 1-877-729-6376.