

## APPLICATION FOR REGISTRATION OF A TOBACCO WHOLESALER LICENCE AND/OR PERMIT(S) UNDER THE REVENUE ADMINISTRATION ACT

This form is to be used when applying for a Wholesaler's Licence to sell tobacco to retailers and/or wholesalers, a permit for a dealer to bring tobacco into the province, a permit for a dealer to stamp imported tobacco, a permit for a dealer to purchase, possess, store or sell unmarked tobacco and/or a permit for a manufacturer to mark tobacco.

PLEASE TYPE OR PRINT IN INK WHEN COMPLETING THIS FORM AND FORW.	ARD TO
DEPARTMENT OF FINANCE, TAX ADMINISTRATION DIVISION	

Email : taxregistration@gov.nl.ca OR Mail: PO BOX 8700, ST. JOHN'S, NL A1B 4J6

All fields are required to be completed, unless specified.

SECTION A: BUSINESS INFORMATION										
PLEASE CHECK BOX BELOW TO INDICATE BUSINESS TYPE:										
Association Corporation (a	ssociation Corporation (attach copy of Certificate of Incorporation)						Venture	!		
Proprietorship     Partnership (provide copy of Agreement)						Other	(specif	y)	<u> </u>	
TAX REMITTER NUMBER (registered under a Provincial Tax Program)							#	#	#	#
FEDERAL BUSINESS NUMBER	#	#	#	#	#	#				
LEGAL NAME		<u> </u>	<u> </u>			<u>ı</u>			<u> </u>	
TRADE NAME (if your business operates under a	name other than the l	legal nar	me)							
FISCAL YEAR END							M	M	D	D
COMMENCEMENT DATE OF BUSINESS					Μ	Μ	D	D	Υ	Y
COMMENCEMENT DATE OF BUSINESS IN NL	, if different from abov	ve			Μ	Μ	D	D	Y	Y
SEC	CTION B: CONTAC	T INFC	RMA	TION						
COMPLETE MAILING ADDRESS (For returns	& other corresponde	ence fr	om Tax	x Admi	nistrati	on)				
ATTN: (If desired)										
Street/Box	Town/City				Prov/Sta	ate	Postal/2	ostal/Zip Code		
PHYSCIAL BUSINESS LOCATION (For Licences	-				- /61		1			
Street/Box	Town/City				Prov/Sta	ate	Postal/2	Zip Code		
Location Contact Information:										
Contact Name			Title							
Email			<u> </u>							
Phone										
MULTIPLE PHYSCIAL BUSINESS LOCATIONS (	Complete if more than or	ne Physic	al Busine	ess Loca	tion, prov	ide separ	rate shee	t if neces	sary)	
Street/Box Town/City					Prov/St	ate	Postal/2	Zip Code		
Location Contact Information:	<u> </u>						<u> </u>			
Contact Name Title										
Email			<u> </u>							
Phone			Fax							
PHYSICAL ACCOUNTING RECORDS STORAGE		ent than	Physical	Pusine		an above				
Street/Box	Town/City		riysicai	Busines	Prov/Sta			Zip Code		
Accounting Contact Information:			Title							
			The							
Email										
Phone			Fax							



SECTION C: BANKING INFORMATION											
Bank Institution Name											
Street/Box		Town/City				Prov/State Postal/Zip Code					
Institution Number	Branch/Transit I	Numb	er	Accour	nt Number		•				
SECTION D: OWNERS AND DIRECTORS											
Please provide separate sheet, if necessary											
(1) Name					Title						
I       Please Check the Appropriate Box:        Owner         Partner        Director         Officer        Other (specify)											
Email											
Phone					Date of Birth						
Street/Box		Town	/City			Prov/State	Postal/Zip Cod	5			
(2) Name					Title						
Please Check the Appropriate Box:	□ Owner □	Partne	er 🗆 Director	□ Offic	cer 🛛 Other (s	specify)					
Email											
Phone					Date of Birth						
Street/Box		Town	/City			Prov/State	Postal/Zip Cod	5			
S	ECTION E: T	OBAG		ALER I	PROGRAM S	<b>SPECIFICS</b>					
i) Please provide a brief description	of the nature o	of you	r business operat	tions in	the province:						
ii) LICENCE TYPE											
Please indicate if you are:			Manufacture	er		Wholesaler					
Type of Licence required - Select	One:		Accountable (Collector of Tax	)		Non-Accountat (Complete below	11	Duty-fr	ee		
ii a) PURCHASER INFORMAT	'ION (*If Noi	n-Aco	countable) P	lease pi	rovide separate	e sheet, if necess	sary				
(1) Legal/Trade Name					Operating Prov	ince					
Contact Phone					Email						
Legal/Trade Name (2)					Operating Prov	ince					
Contact Phone					Email						
Legal/Trade Name (3)					Operating Prov	ince					
Contact Phone			Email								
iii) PERMIT(S) REQUIRED Select all that apply											
1. Permit to bring tobacco into th	e Province					Yes			No		
2. Permit to stamp imported tobacco (if buying outside the Province)					Yes - complet	e iv below		No			
3. Permit to purchase, possess, store or sell unmarked tobacco						Yes - complet	e iv below		No		
4. Permit to mark tobacco (Manufacturers only)						Yes - complet	e iv below		No		



iv) MARKING, STAMPING AND STORING	g loc/	ATION(S)							
Location where tobacco will be marked or stamped									
Street/Box		Town/City				Prov/State			
Location where unmarked tobacco will be stored									
Street/Box Town/City					Prov/Sta	te			
v) INVENTORY SITE(S) Please provide sepa					-				
(1) Street/Box	Town/	City		Prov/State	Postal/2	Zip Code			
Inventory Site #1 Contact Information:									
Contact Name			Title						
Email									
Phone			Fax						
(2) Street/Box	Town/	City		Prov/State	Postal/Zip Code				
Inventory Site #2 Contact Information:									
Contact Name			Title						
Email									
Phone		Fax							
vi) SUPPLIER INFORMATION Please prov	vide sep	arate sheet, if necessar	Ŷ						
(1) Legal/Trade Name				ing Province					
Contact Phone			Email						
(2) Legal/Trade Name			Operating Province						
Contact Phone Email									
(3) Legal/Trade Name Operating Province									
Contact Phone Email									
vii) OTHER INFORMATION			•						
Please estimate monthly sales volume of cigarettes (including tobacco sticks) and monthly sales volume of all other tobacco products:									
Number of cartons of cigarettes/sticks									
Number of grams of other tobacco									
Number of cigars									
Are you purchasing unmarked tobacco products for the purpose of selling in another jurisdiction? 🛛 Yes 🔅 No							🗆 No		
	SEC	TION F: CERTIFICA	TION						
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.									
Contact Name (Print) Title									
Signature				Date M M	D	D	Y Y		

## 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.