

**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 FORWARD 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:										
<input type="checkbox"/> Association			<input type="checkbox"/> Corporation (attach copy of Certificate of Incorporation)			<input type="checkbox"/> Joint Venture				
<input type="checkbox"/> Proprietorship			<input type="checkbox"/> Partnership (provide copy of Agreement)			<input type="checkbox"/> Other (specify) _____				
TAX REMITTER NUMBER (registered under a Provincial Tax Program)						#	#	#	#	#
FEDERAL BUSINESS NUMBER						#	#	#	#	#
LEGAL NAME										
TRADE NAME (if your business operates under a name other than the legal name)										
FISCAL YEAR END							M	M	D	D
COMMENCEMENT DATE OF BUSINESS						M	M	D	D	Y
COMMENCEMENT DATE OF BUSINESS IN NL , if different from above						M	M	D	D	Y
SECTION B: CONTACT INFORMATION										
COMPLETE MAILING ADDRESS (For returns & other correspondence from Tax Administration)										
ATTN: (If desired)										
Street/Box			Town/City			Prov/State		Postal/Zip Code		
PHYSICAL BUSINESS LOCATION (For Licences/Permits)										
Street/Box			Town/City			Prov/State		Postal/Zip Code		
Location Contact Information:										
Contact Name					Title					
Email										
Phone					Fax					
MULTIPLE PHYSICAL BUSINESS LOCATIONS (Complete if more than one Physical Business Location, provide separate sheet if necessary)										
Street/Box			Town/City			Prov/State		Postal/Zip Code		
Location Contact Information:										
Contact Name					Title					
Email										
Phone					Fax					
PHYSICAL ACCOUNTING RECORDS STORAGE LOCATION (if different than Physical Business Location above)										
Street/Box			Town/City			Prov/State		Postal/Zip Code		
Accounting Contact Information:										
Contact Name					Title					
Email										
Phone					Fax					

iv) MARKING, STAMPING AND STORING LOCATION(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/State	
v) INVENTORY SITE(S) Please provide separate sheet, if necessary			
(1)	Street/Box	Town/City	Prov/State Postal/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 provide separate sheet, if necessary			
(1)	Legal/Trade Name	Operating 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION F: 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.			
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.