



Government of Newfoundland and Labrador
Department of Finance
Taxation and Fiscal Policy Branch
Tax Administration Division

REGISTRATION INFORMATION FOR APPLICANTS OF A LICENCE AND/OR PERMIT UNDER THE REVENUE ADMINISTRATION ACT (TOBACCO TAX)

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

**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**

Are you currently registered under a Tax Program? No Yes Remitter Number _____

PLEASE INDICATE BUSINESS TYPE

Proprietorship Partnership Joint Vent Association Corporation (attach copy of Certificate of Incorporation)

LEGAL NAME

TRADE NAME (if your business operates under a name other than the legal name)

COMPLETE MAILING ADDRESS

| | | | |
|------------|-----------|------------|-----------------------|
| Street/Box | Town/City | Prov/State | State Postal/Zip code |
|------------|-----------|------------|-----------------------|

BUSINESS LOCATION ADDRESS (if different than mailing address)

| | | | |
|------------|-----------|------------|-----------------------|
| Street/Box | Town/City | Prov/State | 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 | 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 | |

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

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|--|-----------------------------------|----------------------------------|----------------------------------|---|
| <u>OWNERS AND DIRECTORS INFORMATION</u> | | | | |
| Enter the name, date of birth, title and home address 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 | | | | |
| Name | | Date of Birth | | Phone number |
| Street/Box | Town/City | Prov/State | Postal/Zip code | |
| Owner <input type="checkbox"/> | Director <input type="checkbox"/> | Officer <input type="checkbox"/> | Partner <input type="checkbox"/> | Other <input type="checkbox"/> (specify) _____ |

| | | | | |
|--------------------------------|-----------------------------------|----------------------------------|----------------------------------|---|
| Name | | Date of Birth | | Phone number |
| Street/Box | Town/City | Prov/State | Postal/Zip code | |
| Owner <input type="checkbox"/> | Director <input type="checkbox"/> | Officer <input type="checkbox"/> | Partner <input type="checkbox"/> | Other <input type="checkbox"/> (specify) _____ |

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|--|-----------|------------|-----------------------|
| MULTIPLE LOCATIONS ADDRESS (Complete if more than one location. If more than two, please provide same information on a separate sheet.) | | | |
| Street/Box | Town/City | Prov/State | 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 | |
| Street/Box | Town/City | Prov/State | 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 | |
| Fiscal Year End | | | |
| Federal business number | | | |
| Commencement date of business | | | |
| Commencement date of business in NL, if different from above | | | |

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| LICENCE REQUIRED |
| Please indicate if you are a Manufacturer or Wholesaler <input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Accountable <input type="checkbox"/> Non-Accountable <input type="checkbox"/> Duty-free |

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| PERMIT(S) REQUIRED |
| Permit to bring tobacco into the province <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Permit to mark tobacco (manufactures only) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Permit to stamp imported tobacco (if buying outside the province) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Permit to purchase, possess, store or sell unmarked tobacco <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| MARKETING, STAMPING AND SELLING LOCATIONS |
| Location where tobacco will be marked or stamped Street _____ Town/City _____ Province _____ |
| Location where unmarked tobacco will be stored Street _____ Town/city _____ Province _____ |

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|--|-----------|------------|-----------------------|
| INVENTORY SITES (If more than two, please provide same information on a separate sheet.) | | | |
| Street/Box | Town/City | Prov/State | 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 | |

| | | | |
|--|-----------|------------|-----------------------|
| Street/Box | Town/City | Prov/State | 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 | |

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|--|------|
| NAME AND ADDRESS OF SUPPLIERS OF TOBACCO PRODUCTS (If more than three, please provide same information on a separate sheet) | |
| Trade name | Prov |
| Trade Name | Prov |
| Trade Name | Prov |

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| 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 cigarette/sticks |
| Number of grams of other tobacco |
| Number of cigars |
| Are you purchasing unmarked tobacco products for the purpose of selling in another jurisdiction? |

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| CERTIFICATION |
| I hereby certify that, to the best of my knowledge and belief, the information provided on this form is accurate. |
| Name (please print) _____ |
| Signature _____ |
| Title _____ |
| Date _____ |

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| <u>Privacy and Confidentiality Notice</u> |
| <i>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 (www.assembly.nl.ca/Legislation/sr/statutes/a01-1.htm).</i> |
| <i>If you have any questions regarding privacy and confidentiality please contact the Tax Administration division toll free at 1-877-729-6376.</i> |