

REGISTRATION INFORMATION FOR APPLICANTS OF A TOBACCO TAX 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 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
EMAIL: taxadmin@gov.nl.ca**

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

If you are a first time applicant for a tobacco wholesaler licence and/or permit(s), please provide a brief description of the nature of your business operations in the province. _____

PLEASE INDICATE BUSINESS TYPE

Proprietorship Partnership Joint Venture 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 | 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 | |

| 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, title, phone number, and email address for the following; | | | | |
| Proprietorship – Owner | | | | |
| Partnership – Two or more partners | | | | |
| Corporation – Officers/directors | | | | |
| (If there are more than two, please provide same on a separate sheet.) | | | | |
| 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) _____ |

| | | | | |
|--------------------------------|-----------------------------------|----------------------------------|----------------------------------|---|
| 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) _____ |

| 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 | 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 | |
| | | | | 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 | | | | | |

| | | |
|---|--|--|
| LICENCE REQUIRED | | |
| Please indicate if you are a Manufacturer or Wholesaler: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesaler | | |
| Please indicate type of licence required: <input type="checkbox"/> Accountable (Collector of tax) <input type="checkbox"/> Non-Accountable <input type="checkbox"/> Duty-free | | |

| | | |
|---|------------------------------|-----------------------------|
| PERMIT(S) REQUIRED | | |
| Permit to bring tobacco into the province | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Permit to mark tobacco (manufacturers 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 |

| | | |
|---|--|--|
| MARKING, 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 _____ | | |

| | | | |
|--|--|-----------------|-------|
| INVENTORY SITES (If more than two, please provide same information on a separate sheet.) | | | |
| 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 |
|-------|-----------|--------|

| | | | |
|------------|-----------|------------|-----------------|
| 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 |

NAME AND ADDRESS OF SUPPLIERS OF TOBACCO PRODUCTS (If more than three, please provide same information on a separate sheet.)

| | |
|------------|----------|
| Trade name | Province |
| Trade Name | Province |
| Trade Name | Province |

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? |

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 _____

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.