



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

**REGISTRATION INFORMATION FOR TOBACCO RETAILER 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**

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
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**BUSINESS LOCATION ADDRESS ( if different than mailing address )**

Street/Box	Town/City	Prov/State	State Postal/Zip code
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**Contact Information ( should it be necessary to contact you for further information, please provide the following )**

Contact Name	Title	
Phone	Facsimile	E-Mail

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

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

<b>OWNERS AND DIRECTORS INFORMATION</b>				
Enter the name, date of birth, title and home address for the following;				
Proprietorship - Owner				
Partner - Two or more partners				
Corporation - Officers/ directors				
<b>If there are more than two, please provide same on a separate sheet</b>				
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) _____

<b>Tobacco Retailer License #</b>
<b>Fiscal Year End</b>
<b>Federal business number</b>
<b>Commencement date of business</b>

**IF THIS BUSINESS HAS BEEN PURCHASED, LEASED OR OTHERWISE TAKEN OVER FROM A PREVIOUS OPERATOR, PLEASE PROVIDE THE FOLLOWING**

Name of previous operator \_\_\_\_\_

Licence number 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.

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 ([www.assembly.nl.ca/Legislation/sr/statutes/a01-1.htm](http://www.assembly.nl.ca/Legislation/sr/statutes/a01-1.htm)).*

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