

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 Y
COMMENCEMENT DATE OF BUSINESS IN NL, if different from above					M	M	D	D	Y 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				

PO Box 8700, St. John's, NL Canada A1B 4J6 Tel: (709)729-6376 Toll Free: 1-877-729-6376 Fax: (709)729-2856
Email: taxadmin@gov.nl.ca

v) 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
vi) 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	
vii) PURCHASER INFORMATION (*If Non-Accountable) 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	
viii) 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	

<p>Privacy and Confidentiality Notice</p> <p>This information is collected for the purpose of the Department of Finance to process applications under the <i>Revenue Administration Act</i>. All information you provide, both personal and business related, will be kept confidential and compliant with the <i>Access to Information and Protection of Privacy Act, 2015</i> (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.</p>
