

**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](mailto:taxregistration@gov.nl.ca) OR Mail: PO BOX 8700, ST. JOHN'S, NL A1B 4J6**

**All fields are required to be completed, unless specified.**

<b>SECTION A: BUSINESS INFORMATION</b>										
<b>PLEASE CHECK BOX BELOW TO INDICATE BUSINESS TYPE:</b>										
<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) _____				
<b>TAX REMITTER NUMBER</b> (registered under a Provincial Tax Program)						#	#	#	#	#
<b>FEDERAL BUSINESS NUMBER</b>						#	#	#	#	#
<b>LEGAL NAME</b>										
<b>TRADE NAME</b> (if your business operates under a name other than the legal name)										
<b>FISCAL YEAR END</b>						M	M	D	D	
<b>COMMENCEMENT DATE OF BUSINESS</b>						M	M	D	D	
<b>COMMENCEMENT DATE OF BUSINESS IN NL</b> , if different from above						M	M	D	D	
<b>SECTION B: CONTACT INFORMATION</b>										
<b>COMPLETE MAILING ADDRESS</b> (For Returns & other correspondence from Tax Administration)										
ATTN: (If desired)										
Street/Box	Town/City			Prov/State	Postal/Zip Code					
<b>PHYSICAL BUSINESS LOCATION</b> (For Licences/Permits)										
Street/Box	Town/City			Prov/State	Postal/Zip Code					
Location Contact Information:										
Contact Name	Title									
Email										
Phone	Fax									
<b>MULTIPLE PHYSICAL BUSINESS LOCATIONS</b> (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									
<b>PHYSICAL ACCOUNTING RECORDS STORAGE LOCATION</b> (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									

<b>SECTION C: BANKING INFORMATION</b>																						
Bank Institution Name																						
Street/Box		Town/City		Prov/State																		
Institution Number		Branch/Transit Number	Account Number																			
<b>SECTION D: OWNERS AND DIRECTORS</b>																						
Please provide separate sheet, if necessary																						
(1)	Name		Title																			
Please Check the Appropriate Box: <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Other (specify) _____																						
Email																						
Phone		Date of Birth																				
Street/Box		Town/City	Prov/State	Postal/Zip Code																		
(2)	Name		Title																			
Please Check the Appropriate Box: <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Other (specify) _____																						
Email																						
Phone		Date of Birth																				
Street/Box		Town/City	Prov/State	Postal/Zip Code																		
<b>SECTION E: TOBACCO WHOLESALER PROGRAM SPECIFICS</b>																						
<p><b>i)</b> Please provide a brief description of the nature of your business operations in the province:</p> <p>_____</p> <p>_____</p> <p>_____</p>																						
<p><b>ii) LICENCE TYPE</b></p> <p>Please indicate if you are: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesaler</p> <p>Type of Licence required - <i>Select One</i>: <input type="checkbox"/> Accountable (Collector of Tax) <input type="checkbox"/> Non-Accountable* (<i>Complete Section vii</i>) <input type="checkbox"/> Duty-free</p>																						
<p><b>iii) SUPPLIER INFORMATION</b> Please provide separate sheet, if necessary</p> <table border="1"> <tbody> <tr> <td>(1)</td> <td>Legal/Trade Name</td> <td>Operating Province</td> </tr> <tr> <td colspan="2">Contact Phone</td> <td>Email</td> </tr> <tr> <td>(2)</td> <td>Legal/Trade Name</td> <td>Operating Province</td> </tr> <tr> <td colspan="2">Contact Phone</td> <td>Email</td> </tr> <tr> <td>(3)</td> <td>Legal/Trade Name</td> <td>Operating Province</td> </tr> <tr> <td colspan="2">Contact Phone</td> <td>Email</td> </tr> </tbody> </table>					(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
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<p><b>iv) PERMIT(S) REQUIRED</b> Select all that apply</p> <table> <tbody> <tr> <td>1. Permit to bring tobacco into the Province</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>2. Permit to stamp imported tobacco (if buying outside the Province)</td> <td><input type="checkbox"/> Yes - complete v below</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>3. Permit to purchase, possess, store or sell unmarked tobacco</td> <td><input type="checkbox"/> Yes - complete v below</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>4. Permit to mark tobacco (Manufacturers only)</td> <td><input type="checkbox"/> Yes - complete v below</td> <td><input type="checkbox"/> No</td> </tr> </tbody> </table>					1. Permit to bring tobacco into the Province	<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. Permit to stamp imported tobacco (if buying outside the Province)	<input type="checkbox"/> Yes - complete v below	<input type="checkbox"/> No	3. Permit to purchase, possess, store or sell unmarked tobacco	<input type="checkbox"/> Yes - complete v below	<input type="checkbox"/> No	4. Permit to mark tobacco (Manufacturers only)	<input type="checkbox"/> Yes - complete v below	<input type="checkbox"/> No						
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<b>v) MARKING, STAMPING AND STORING LOCATION(S)</b>								
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						
<b>vi) INVENTORY SITE(S)</b> Please provide separate sheet, if necessary								
(1)	Street/Box	Town/City	Prov/State					
Inventory Site #1 Contact Information:								
Contact Name		Title						
Email								
Phone		Fax						
(2)	Street/Box	Town/City	Prov/State					
Inventory Site #2 Contact Information:								
Contact Name		Title						
Email								
Phone		Fax						
<b>vii) PURCHASER INFORMATION (*If Non-Accountable)</b> 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						
<b>viii) OTHER INFORMATION</b>								
Please <b>estimate monthly sales volume</b> 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					
<b>SECTION F: CERTIFICATION</b>								
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](http://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.