

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						(MM/DD)			
COMMENCEMENT DATE OF BUSINESS						(MM/DD/YY)			
COMMENCEMENT DATE OF BUSINESS IN NL, if different from above						(MM/DD/YY)			
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 Address			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 Address			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 Address			Town/City			Prov/State		Postal/Zip Code	
Accounting Contact Information:									
Contact Name					Title				
Email									
Phone					Fax				

SECTION C: BANKING INFORMATION					
Bank Institution Name					
Street/Box		Town/City		Prov/State	Postal/Zip Code
Institution Number	Branch/Transit Number		Account Number		
SECTION D: OWNERS AND DIRECTORS					
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
SECTION E: TOBACCO WHOLESALER PROGRAM SPECIFICS					
All fields are required to be completed, unless specified.					
i) Please provide a brief description of the nature of your business operations in the province, ex. type of product you sell.					
ii) LICENCE TYPE					
Please indicate if you are:				<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Wholesaler
Type of Licence required - Select One :				<input type="checkbox"/> Accountable (Collector of Tax)	<input type="checkbox"/> Non-Accountable* (Complete Section vii) <input type="checkbox"/> Duty-free
iii) SUPPLIER (who you buy from) INFORMATION				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		
iv) PERMIT(S) REQUIRED Select all that apply					
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 & vii below	<input type="checkbox"/> No
4. Permit to mark tobacco (Manufacturers only)				<input type="checkbox"/> Yes - complete v below	<input type="checkbox"/> No

v) MARKING, STAMPING AND SELLING LOCATION(S)				
Location where tobacco will be marked or stamped				
Street Address		Town/City	Prov/State	
Location where unmarked tobacco will be stored				
Street Address		Town/City	Prov/State	
vi) INVENTORY SITE(S) Please provide separate sheet, if necessary				
(1)	Street Address	Town/City	Prov/State	Postal/Zip Code
Inventory Site (1) Contact Information:				
Contact Name			Title	
Email				
Phone			Fax	
(2)	Street Address	Town/City	Prov/State	Postal/Zip Code
Inventory Site (2) Contact Information:				
Contact Name			Title	
Email				
Phone			Fax	
vii) PURCHASER (who you sell to) INFORMATION 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	

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.

IMPORTANT NOTE:

Tobacco Wholesaler Licences expire December 31st and have to be renew each year.

Under the **Revenue Administration Act** , it is an offence to sell tobacco products to a wholesaler or retailer without a valid wholesaler licence (*Section 32(7)(c)*).