



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

ACCOUNTING RECORDS LOCATION (if different than location address)			
Street/Box	Town/City	Prov/State	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, date of birth, title and home address for the following;									
Proprietorship - Owner									
Partner - Two or more partners									
Corporation - Officers/ directors									
If there are more than two, please provide same on a separate sheet									
Name		Date of Birth							
Street/Box		Prov/State							
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		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) _____	

Tobacco Retailer License #				
Fiscal Year End				
Federal business number				
Commencement date of business				

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).

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