



Mail this form to:
P.O. Box 1529
Halifax NS B3J 2Y4

Business Applicant Profile Information:

Business Name:

Operating Name

Canada Revenue Agency BN #: _____

N.S. Registry Of Joint Stock Companies #: _____

Business Civic Address (Not PO Box):

Street # Street Name Unit/Suite/Apt #

City/Town/County Province Country Postal Code

Business Mailing Address (If Different):

Street, P.O. Box, RR #, Site #, etc.

City/Town/County Province Country Postal Code

Business Address in Nova Scotia:

Street, P.O. Box, RR #, Site #, etc.

City/Town/County Province Country Postal Code

Business Contact Information:

Name Title

Primary Phone # Fax #

Please Note: The submission of an application with payment does not guarantee application approval



**Service Nova Scotia and Municipal Relations
Provincial Tax Commission: Tobacco**

Permit Application Form

Type of application: Renewal New Application

Tobacco Applications	
Type of Permit Applied For: (Please check the appropriate item)	Required Sections to be completed:
<input type="checkbox"/> (1) Retail Vendor Permit	Sections I, II and V
<input type="checkbox"/> (2) Designated Retail Vendor Permit	Sections I, II and V
<input type="checkbox"/> (3) Wholesaler Vendor Permit	Sections I, III and V
<input type="checkbox"/> (4) Manufacturer Permit	Sections I, III and V
<input type="checkbox"/> (5) Permit To Stamp Imported Tobacco	Sections I, III and V
<input type="checkbox"/> (6) Permit to Purchase & Sell Unmarked Tobacco	Sections I, III and V
<input type="checkbox"/> (7) Tear Tape Manufacturer's Permit	Sections I, IV and V

SECTION I – All Applicants

1. Type of Ownership:

Proprietorship Partnership Corporation Other (*Specify*) _____

2. Principal Owner(s) - Enter full name(s), title(s), and address(es) of the proprietor, partners, or principal officers.
(Attach supplementary list if required.)

Name and Title	Address	% Ownership

3. Bank Information (*For business accounts*):

Bank Name

Street # Street Name City/Town Province Postal Code

4. Location of financial records:

Street # Street Name City/Town Province

5. Name and title of person responsible for financial records:

First Middle Last Name (*Please Print*)

Title Phone Fax

6. Date business began: Month _____ Year _____

7. List any previous business names and previous owners and location of your business:

SECTION II – Retail & Designated Only

1. Principal Nature of Business: _____

1.a Major Commodity Sales: _____

1.b Minor Commodity Sales: _____

2. Duration of Business: Year Round Seasonal (*Specify months of operation*) _____

3. List names and locations of all retail outlets selling tobacco in Nova Scotia.
Provide addresses, contact person(s), telephone and fax numbers:

SECTION III – Wholesaler, Manufacturer, Importer & Unmarked Only

1. Tobacco Volumes – Estimated annual quantity of tobacco products handled in Nova Scotia:

Number of Cigarettes	Number of Tobacco Sticks	Number of Cigars	Number of Grams of Fine-cut & Other Tobacco

2. List names and locations of all distribution centres conducting business in Nova Scotia Manufacturers/Wholesalers provide addresses, contact person(s), telephone and fax number for both:
 (a) Nova Scotia marked tobacco (all locations), and (b) unmarked tobacco (within Nova Scotia only)

3. List all tobacco tax numbers with other jurisdictions:

Tax #	Jurisdiction	Tax #	Jurisdiction	Tax #	Jurisdiction

4. Do you have a Nova Scotia Retail Vendors Permit(s)? Yes _____ No _____

If yes, include Permit number for each: _____

SECTION IV – Tear Tape Manufacturer Only

1. List names and locations of all Nova Scotia tear tape production and storage facilities, including civic/ mailing addresses, contact person, telephone and fax numbers:

SECTION V

THE ABOVE STATEMENTS ARE HEREBY CERTIFIED TO BE CORRECT TO THE BEST KNOWLEDGE AND BELIEF OF THE UNDERSIGNED (OWNER OR PRINCIPAL OFFICER). THE APPLICANT HEREBY AUTHORIZES AND CONSENTS TO RECEIPT OF CREDIT INFORMATION BY THIS DEPARTMENT FROM TIME TO TIME INCLUDING THE RECEIPT OF CREDIT INFORMATION FROM ANY CREDIT REPORTING AGENCY, CREDIT BUREAU OR ANY PERSON OR CORPORATION WITH WHOM THE APPLICANT MAY HAVE FINANCIAL RELATIONS. I AGREE THAT UPON ISSUANCE OF A PERMIT, THE INFORMATION CONTAINED THEREON MAY BE SHARED WITH TOBACCO SUPPLIERS.

Name (Please Print): _____ **Title:** _____

Signature: _____ **Date (D/M/Y):** _____

THE ABOVE APPLICANT HEREBY MAKES APPLICATION FOR A PERMIT UNDER THE REVENUE ACT AND AGREES TO COMPLY WITH THE REQUIREMENTS SET OUT IN THE ACT AND REGULATIONS.

