



Mail This Form to:

Service Nova Scotia
Business Registration Unit
PO Box 1529
Halifax, Nova Scotia B3J 2Y4

Business Applicant Profile Information

Business Name:

Operating Name

Canada Revenue Agency BN #: _____

NS Registry of Joint Stock Companies: _____

Business Civic Address (Not PO Box):

Street # and Name, Unit/Suite/Apt#

City/Town/County

Province

Country

Postal Code

Business Mailing Address (If Different):

Street # and Name, PO Box, RR #, Site #, etc.

City/Town/County

Province

Country

Postal Code

Business Address in Nova Scotia (If Different than above):

Street # and Name, PO Box, RR #, Site #, etc.

City/Town/County

Province

Country

Postal Code

Business Contact Information

Name

Title

Primary Phone #

Fax #

Email Address

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

Type of Application: New Renewal

Questions: Call 902-424-6300 Fax 902-424-0602

Type of Permit Applied For:

Please check the permit you are requesting

- (1) Retail Vendor Permit
- (2) Designated Retail Vendor Permit
- (3) Wholesale Vendor Permit
- (4) Manufacturer Permit
- (5) Permit to Stamp Imported Tobacco
- (6) Permit to Purchase & Sell Unstamped Tobacco

Required Sections to be completed

- Sections I, II and IV
- Sections I, II and IV
- Sections I, III and IV
- Sections I, III and IV
- Sections I, III and IV
- Sections I, III and IV

Section 1 – All Applicants

1. Type of Ownership:

Proprietorship Partnership Corporation Other (specify) _____

2. Principal Owner(s):

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

Name and Title	Civic and Mailing Address	% Ownership

3. Bank Information (For Business accounts):

Bank Name _____

Street # and Name _____

City/Town/County _____

Province _____

Postal Code _____

4. Location of Financial Records:

Street # and Name _____

City/Town/County _____

Province _____

Postal Code _____

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.

Enter business(s), owner(s)' full name(s) and/or address(es) of your business.

Attach supplementary list, if required.

Section II – Retail and Designated

1. Principal Nature of Business: _____

If other, please specify: _____

(a) Major Commodity Sales: _____

(b) Minor Commodity Sales: _____

2. Duration of Business:

Year Round Seasonal (Specify months of operation) _____

Section III – Wholesaler, Manufacturer, Importer and Unstamped Only

1. Estimated annual quantity of tobacco products handles 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:

(a) Nova Scotia stamped tobacco (all locations)

Enter contact person’s full name(s), civic address(es), mailing address(es), telephone and fax numbers

(b) Nova Scotia unstamped tobacco (within Nova Scotia only)

Enter contact person’s full name(s), civic address(es), mailing address(es), telephone and fax numbers

3. List all tobacco tax numbers with other jurisdictions (Attach supplementary list if required):

Tax Number	Jurisdiction	Tax Number	Jurisdiction	Tax Number	Jurisdiction

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

If yes, provide a list of business name and locations for all retail locations selling tobacco in Nova Scotia. (Attach supplementary list if required)

Section IV - Certification

The above statements are hereby certified to be correct to the best of my 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 (DD/MM/YYYY) _____

The above applicant hereby makes an application for a permit under the *Revenue Act (Act)* and agrees to comply with the requirements set out in the ACT and Regulations.

Tobacco Permit Fees

- Retail Vendor Permit
Designated Retail Vendor Permit

Applicable Fee: Total number of locations _____ X \$124.60 = Fee \$ _____

- Wholesale Vendor Permit
Manufacturer Permit
Permit to Purchase and Sell Unstamped Tobacco

Applicable Fee: 1 X \$124.60 = Fee \$ 124.60

- Permit to Stamp Imported Tobacco

Applicable Fee: \$ 0.00

Note: No fee is required for a permit to Stamp Imported Tobacco as the applicant for this permit must hold an existing wholesale and retail vendor permit.

Total Fee = \$ _____

Mail to: Service Nova Scotia
Business Registration Unit
PO Box 1529
Halifax, Nova Scotia B3J 2Y4

Fax To : 902-424-0602
(Credit Card Payment Only)

Drop Off: Access Nova Scotia Centres

Payment Type: Cheque Money Order Visa MasterCard American Express

Credit Card Account Number

Card Holder's Name

Expiry Date (MM/YY)

Card Holder's Signature

- All payments must be in Canadian funds and made payable to: **The Minister of Finance**
- Post-dated cheques or cash will not be accepted.