

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 Con	mpanies #:		
Business Civic Address (Not PO B	cox):		
Street # Street Name			Unit/Suite/Apt#
City/Town/County	Province	Country	Postal Code
Business Mailing Address (If Di	fferent):		
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#		



Service Nova Scotia and Municipal Relations Provincial Tax Commission: Tobacco

Permit Application Form

Type of Permit Applied for: Please check the approp	priate item			
Tob	acco Applications			
If applying for permits (1) or (2)	If applying	for permits (a) to (d)		
please complete Sections I , II and IV	please complet	e Sections I, III and IV		
(1) Retail Vendor Permit	(a) Wholesaler Vend	dor Permit		
(2) Designated Retail Vendor Permit	(b) Manufacturer P	(b) Manufacturer Permit (c) Permit To Stamp Imported Tobacco		
	(c) Permit To Stam			
	(d) Permit to Purch	ase & Sell Unmarked Tobacco		
	-	Other (Specify)		
2. Principal Owner(s) - Enter full name(s), title(s), and (Attach supplementary list if required.)		(1 00)		
(Attach supplementary list if required.)	address(es) of the proprietor, partners	s, or principal officers.		
		(1 00)		
(Attach supplementary list if required.)	address(es) of the proprietor, partners	s, or principal officers.		
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(Attach supplementary list if required.) Name and Title	address(es) of the proprietor, partners	s, or principal officers.		
(Attach supplementary list if required.)	address(es) of the proprietor, partners	s, or principal officers.		

Street #	Street Name	City/Town	Province
5. Name a	and title of person responsib	le for financial records:	
First	M	iddle Last N	Name (Please Print)
Title	Phone	Fax	
6. Date bu	usiness began: Month	Year	
7. List and	v previous business names a	and previous owners and location of your busing	ness:
7. List any	y previous ousiness names a	and previous owners and rocation of your ousn	11035.
CCTIO	V II - Retail & Des	ignated Only	
	V II - Retail & Des	-	
		ignated Only	
1. Principa	al Nature of Business:	-	
1. Principa	al Nature of Business: a Major Commodity Sales	::	
1. Principa	al Nature of Business: a Major Commodity Sales	-	
 Principa 1. 	al Nature of Business: a Major Commodity Sales b Minor Commodity Sales	::	
 Principa 1. 	al Nature of Business: a Major Commodity Sales b Minor Commodity Sales	S:	
 Principa 1. Duration List name 	al Nature of Business: a Major Commodity Sales b Minor Commodity Sales on of Business: Year I	Seasonal (Specify months ail outlets selling tobacco in Nova Scotia.	
 Principa 1. Duration List name 	al Nature of Business: a Major Commodity Sales b Minor Commodity Sales on of Business: Year I	Seasonal (Specify months	
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SECTION III- Wholesaler, Manufacturer, Importer & Unmarked Only

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

Number of Cigarettes		ber of co Sticks	Number of Cigars		er of Grams of & Other Tobacco
2. List names and location addresses, contact pers (a) Nova Scotia marke	son(s), telephone	e and fax number		·	-
3. List all tobacco tax num	bers with other	jurisdictions:			
	risdiction	Tax #	Jurisdiction	Tax #	Jurisdictio
Tax # Ju	risarction	I ax II			
Tax # Ju	1 isuretron	I ux "		· · · · · · · · · · · · · · · · · · ·	
Tax # Ju	isucción	Tux II			
	otia Retail Vend	lors Permit(s)?	Yes No		
4. Do you have a Nova Sco	otia Retail Vend	lors Permit(s)?	Yes No		
4. Do you have a Nova Sco	otia Retail Vend	lors Permit(s)?	Yes No		
4. Do you have a Nova Scalif yes, include Permit no ECTION IV THE ABOVE STATEMEN OF THE UNDERSIGNED CONSENTS TO RECEIP THE RECEIP OF CREDIP PERSON OR CORPORAT UPON ISSUANCE OF A F	otia Retail Vendumber for each: NTS ARE HERE O (OWNER OF OF CREDIT I	lors Permit(s)? EBY CERTIFIED R PRINCIPAL O NFORMATION I ION FROM ANY HOM THE APPLI	TO BE CORRECT TO TO FFICER). THE APPLICATION THIS DEPARTMENT CREDIT REPORTING A CANT MAY HAVE FINA	HE BEST KNOW! CANT HEREBY T FROM TIME TO AGENCY, CREDI ANCIAL RELATI	LEDGE AND BEL AUTHORIZES A O TIME INCLUDI IT BUREAU OR A ONS. I AGREE TH
4. Do you have a Nova Scoulf yes, include Permit not seem to be a seem	otia Retail Vendumber for each: NTS ARE HERE O (OWNER OF OF CREDIT I IT INFORMATI TION WITH WE PERMIT, THE I	dors Permit(s)? EBY CERTIFIED R PRINCIPAL O NFORMATION I ION FROM ANY HOM THE APPLI NFORMATION O	Yes No TO BE CORRECT TO TO FFICER). THE APPLIEBY THIS DEPARTMENT CREDIT REPORTING A CANT MAY HAVE FINATION THEREON	HE BEST KNOW! CANT HEREBY T FROM TIME TO AGENCY, CREDI ANCIAL RELATI N MAY BE SHAR	LEDGE AND BEL AUTHORIZES A O TIME INCLUDI IT BUREAU OR A ONS. I AGREE TH ED WITH TOBAC

TOBACCO MOVEMENTS UNDER THE ACT.

Tobacco Permit Fees

	Retail Vendor Permit Designated Retail Vendor Permit			
	Applicable Fee: Total number of location	ons x \$1	00.00 = Fee \$	
	Wholesaler Vendor Permit Manufacturer Permit Permit to Purchase & Sell Unmarked Toba Applicable Fee: 1 x \$100.00 = Fee \$100.00			
	Permit to Stamp Imported Tobacco			
	Applicable Fee: \$0.00			
	Note: No fee is required for a permit to sta an existing wholesale and retail vendor pe		acco as the applicant fo	or this permit must hold
ТОТА	L FEE = \$			
Payme	ent Type:			
Casl	Money Order	VISA	MasterCard	American Express
Cheque or money order must be made payable to the <i>Minister of Finance</i> .		Credit Card N	Jumber	Exp. (mm/yy)
All pay	ments must be in Canadian funds.	Card Holder's Name (as on card)		
Post-da	ated cheques will not be accepted.		s Signature (as on card)	