







**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)

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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**

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 REGISTRATION UNDER THE REVENUE ACT AND AGREES TO ACCEPT THE RESPONSIBILITIES SET OUT IN THE ACT, COLLECT AND REMIT THE TAX IMPOSED AND ACCOUNT TO THIS DEPARTMENT FOR ALL MONIES COLLECTED AND ALL TOBACCO MOVEMENTS UNDER THE ACT.

## Tobacco Permit Fees

- Retail Vendor Permit  
Designated Retail Vendor Permit

**Applicable Fee:** Total number of locations \_\_\_\_\_ x \$100.00 = Fee \$ \_\_\_\_\_

- Wholesaler Vendor Permit  
Manufacturer Permit  
Permit to Purchase & Sell Unmarked Tobacco

**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 stamp imported tobacco as the applicant for this permit must hold an existing wholesale and retail vendor permit.

**TOTAL FEE = \$** \_\_\_\_\_

### Payment Type:

Cash

Money Order

VISA

MasterCard

American Express

Cheque or money order must be made payable to the *Minister of Finance*.

All payments must be in Canadian funds.

Post-dated cheques will not be accepted.

\_\_\_\_\_  
Credit Card Number Exp. (mm/yy)

\_\_\_\_\_  
Card Holder's Name (as on card)

\_\_\_\_\_  
Card Holder's Signature (as on card)