

TOBACCO LICENCE APPLICATION

Tobacco Tax Act

To be completed by persons requiring a wholesaler's licence to sell tobacco in Alberta for resale or an importer's licence to import or bring tobacco into Alberta for sale. The licence will expire if the importer or wholesaler stops selling tobacco in Alberta; otherwise, it will remain in force unless cancelled by Tax and Revenue Administration.

This form together with supporting documentation must be sent to: TAX AND REVENUE ADMINISTRATION, 9811 109 ST, EDMONTON AB T5K 2L5. If you require assistance, phone (780)427-3044. If calling long distance within Alberta, call 310-0000 then enter (780)427-3044.

						For Office Use Only				
APPLICANT IDENTIFICATION (please print)										
1.	Full Legal Name									
2.	Operating Name of Business									
3.	. Mailing Address for Tobacco Tax Purposes									
	City/Town					Prov.	Postal Code			
						1				
4.	Name of Contact Person for	r Tobacco Tax Position								
5.	. Contact Person's Telephone Number			Fax Number						
	()									
6.	Type of Ownership (please check)									
	Proprietorship	Partnership	Corporation							
			Alberta Corporate Account Number (enter the 9 or 10 digit number)							
	Other (please specify)									
7.	List the Authorized Signing C	Officers of your Busines	 S							
				Teleph	one Position					
				1						
										

Leg	al Name:								
8.	Do you plan to sell tobacco to wholesalers and/or retailers in Alberta?	Yes	No						
9.	Do you plan to sell tobacco products directly to consumers in Alberta?	Yes	No						
10.	Do you stock or plan to stock tobacco products at your Alberta locations, marked for sale in a jurisdiction other than Alberta?	Yes	No	Not Applicable (No Alberta location)					
	If "YES", list the jurisdictions.								
11.	Do you plan to sell blackstock products?	Yes	No						
	If "YES", list the AITE retailers and, if exporting out of Alberta, list the provinces, territories, etc.:								
12.	Do you have a current federal tobacco manufacturer's/packer's licence?	Yes C	Current Licence	No					
13.	. On Schedule A (form AT350), list each location that will stock tobacco products intended for sale in Alberta. If you have more than four locations, please use additional Schedule As.								
14.	Please list your tobacco suppliers:								
15.	Date you expect to commence operations in Alberta:								
16.	Have you been appointed a tobacco tax collector in any other jurisdiction?								
	If "YES", list the jurisdictions:								
17.	What is your estimated monthly sales volume in Alberta, for each of the following categories of tobacco products								
	Raw Leaf (by gram) Cigarettes (by carton)	Cigars (individually)		oose Tobacco (by gram)					
18.	Please enclose a copy of your most recent annual financ NOTE: You may be required to furnish a bond to secure			э).					
19.	Name and Address of Business Bank								
	- City/Town			Prov. Postal Code					
	•			l lostar code					
I h	CERTIFICA pereby make application for a licence under section 5 of a	TION the Tobacco Tax A	ct, and will co	mply with the provisions					
of the Act. I certify that, to the best of my knowledge a			ephone:	s are true, accurate and					
	(please print)								
Tit	le:		Fax:						
Siç	gned:		Date:						
آ ا	(Authorized Signing Officer)		·	_					

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