

*This form must be completed for each location that will wholesale or import tobacco. Complete as many Schedule A's as necessary and attach to your Tobacco Licence Application (AT347).*

**WAREHOUSE LOCATION IDENTIFICATION**

Warehouse Location: _____ _____	Current Licence No.: (if applicable)
Telephone No: (    ) _____ Fax No: (    ) _____	
Mailing Address: (enter only if different from above) _____ _____	
Contact Person: _____	Position: _____
Contact Telephone No: (    ) _____	Fax No: (    ) _____
Does this location plan to sell tobacco to: <input type="checkbox"/> Wholesalers <input type="checkbox"/> Retailers <input type="checkbox"/> Consumers	
Does this location submit a tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, which location submits the return?	
Location of Books and Records: <input type="checkbox"/> Wholesalers Location <input type="checkbox"/> Mailing Address (as specified above) <input type="checkbox"/> Other, specify below: _____ _____	

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