

TOBACCO LICENCE APPLICATION - SCHEDULE A

Tobacco Tax Act

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

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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: Wholesalers Retailers	Consumers
Does this location submit a tax return? Yes No	
Location of Books and Records: Wholesalers Location Mailing Address (as specified above)	No, which location submits the return' Other, specify below:
— Location — (as specified above)	
AREHOUSE LOCATION IDENTIFICATION	Current Licence No.:
Warehouse Location:	(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: Wholesalers Retailers	
Does this location submit a tax return? Yes No	
	No, which location submits the return

WAREHOUSE LOCATION IDENTIFICATION

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