



Application for Registration as a Tobacconist with the Ontario Ministry of Health Promotion

The information that you submit will be kept confidential except as necessary for the purposes of the registration process, and subject to the *Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c.F.31.

*(NOTE: Please refer to **Guidelines for Registration as a Tobacconist** in completing the application. This form may be downloaded, but cannot be filed electronically; see below for mailing address)*

1. Date of application _____

2. Particulars of contact

Business name _____

Business premise location
for which registration is sought _____

Proprietor/Owner Name _____

Contact Information _____

Telephone _____ Fax _____

E-mail _____

3. A) Are your business premises accessible to customers only from the outdoors? • Yes • No

B) Are your business premises accessible to customers from areas of an enclosed shopping mall that is open to the public, common to most of the retail establishments within the mall, and is not part of any other retail establishment or other business within the mall (e.g. a shopping mall concourse)? • Yes • No

4. Can a person enter your business premises in order to pass through to access another business premises or an enclosed public space?
• Yes. *If so, please provide details and attach a sketched layout of your business premises.*
• No

5. Have you attached a completed statement signed by a licensed professional accountant?
(Applications will not be considered if a completed statement is not enclosed with the application).

6. Have you submitted a previous application to become registered as a tobacconist with the Ministry? If yes, please provide details and a copy of the previous application.

NOTE: By submitting this application, the applicant agrees that at any time during the application process or following registration as a tobacconist, the Ministry may request and the applicant will submit any records on which this application was based, and on which continuing registration is based.

I certify that the information provided in this application and in any attached documents is correct, and complete:

Signed: _____ Date: _____

Your completed application should be mailed to:

Ontario Ministry of Health Promotion
Smoke-Free Ontario Strategy
Chronic Diseases and Health Promotion Branch
21st floor, 393 University Avenue
Toronto, Ontario, M5G 1E6

ATTENTION: Tobacconist Applications