



STATEMENT OF PROFESSIONAL ACCOUNTANT

(Please print, except where directed)

In the application to be registered as a Tobacconist with the Ontario Ministry of Health Promotion submitted by:

Proprietor/ Owner Name _____

Of Business Name _____

On Date _____

For Location _____

I, _____ certify as true the following:

For the time period _____

A) gross sales revenue for the above business was: _____

During the same time period above, gross sales revenue of specialty tobacco products and accessories (e.g. cigars, pipe tobacco, snuff, humidor, pipe, cigar clips, cigar and lighter cases, but not including cigarettes) was:

- **OR-** (where the business has been in operation for less than 1 year at the location, B may be used)

B) For the above same time period, as the above business has been in operation for less than one year, inventory purchases for the above business was:

During that same time period, inventory purchases of specialty tobacco products and accessories (e.g. cigars, pipe tobacco, snuff, humidor, pipe, cigar clips, cigar and lighter cases, but not including cigarettes) was:

Signed: _____

Print name: _____

Licensed Professional Accounting Designation: _____