



Legal 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  No 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?  Yes  No

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)      Loose Tobacco (by gram)

18. Please enclose a copy of your most recent annual financial statements (audited, if available).  
NOTE: You may be required to furnish a bond to secure Alberta tobacco tax collections.

19. Name and Address of Business Bank

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City/Town \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

**CERTIFICATION**

*I hereby make application for a licence under section 5 of the Tobacco Tax Act, and will comply with the provisions of the Act. I certify that, to the best of my knowledge and belief, the above statements are true, accurate and*

Name: \_\_\_\_\_ (please print) Telephone: \_\_\_\_\_

Title: \_\_\_\_\_ Fax: \_\_\_\_\_

Signed: \_\_\_\_\_ (Authorized Signing Officer) Date: \_\_\_\_\_