

Department of Finance  
Licensing and Registration  
670 King Street  
P. O. Box 3000  
Fredericton, N.B.  
E3B 5G5



Telephone: (506) 453-2404  
Fax: (506) 457-7335

## APPLICATION for a Retailer's Licence

Pursuant to the *Gasoline & Motive Fuel Tax Act* and / or *Tobacco Tax Act*

### Part I

Language Preference

- English  
 French

Year for which you are applying \_\_\_\_\_

### Part II GENERAL BUSINESS INFORMATION

Business Number: \_\_\_\_\_

Legal Name: \_\_\_\_\_

- Individual:** Sole Proprietorship (one owner)  
 **Partnership:** Two or more persons - PARTNERSHIP NAME must be registered with the Corporate Affairs Branch of Service New Brunswick (506-453-2703). Attach name and address of partners.  
 **Corporation:** Limited or incorporated company with directors and officers and must be registered with Service New Brunswick Corporate Services (506-453-2703). Attach name and address of directors and officers.

Trade Name \_\_\_\_\_  
(operating or business name)

Mailing Address: \_\_\_\_\_  
(where all tax returns and correspondence should be mailed)

Physical Location of Business \_\_\_\_\_  
(street, road, avenue, rural route, mall complex, postal code; if more than one, attach list)

Name of Owner: \_\_\_\_\_

Business Telephone No. (\_\_\_\_) \_\_\_\_\_ Home Telephone No. (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Name of Person who will be completing the returns (if applicable) \_\_\_\_\_

Business Telephone No. (\_\_\_\_) \_\_\_\_\_ Home Telephone No. (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Name, Address and Phone Number of the Bank or Financial Institution for the business/applicant.

\_\_\_\_\_  
\_\_\_\_\_

### Part III

**Alternate Address:**

Mailing address for returns (if different from address in Part I):

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Mailing address for Tax changes and Legislative amendments:

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**Name of previous business and/or name of previous business owner:**

(Note: In order to approve the new applicant's tobacco retailer's licence, the previous owner must provide this office with a letter of cancellation of their tobacco retailer's licence.)

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Date of transfer of ownership (d/m/y), if applicable: \_\_\_\_\_

**Describe main activity of business:**

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### Part IV

**Application for Tobacco Retailer's Licence** (Licence does not require renewal)

**Definition:** A "tobacco retailer" is defined as a person, who sells or keeps tobacco products for sale to a consumer.

1. Check the products you wish to be licensed to sell:

- |   |  |
|---|--|
| <input type="checkbox"/> Cigarettes     | <input type="checkbox"/> Smokeless Tobacco |
| <input type="checkbox"/> Tobacco Sticks | <input type="checkbox"/> Cigars            |
| <input type="checkbox"/> Fine Cut       | <input type="checkbox"/> Tobacco Leaves    |
| <input type="checkbox"/> Pipe Tobacco   |  |

2. From whom do you purchase tobacco products? \_\_\_\_\_

3. Address(es) of location(s) where tobacco products will be sold. (Separate licence required for each location)

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4. Are tobacco products being sold from vending machines  Yes  No

5. Required Fee: Number of locations \_\_\_\_\_ x \$15.00 = \$ \_\_\_\_\_

Cheques or money orders are to be made payable to "Minister of Finance".



## Part VI APPLICANT AGREEMENT

In signing this application, I agree to the following:

- To comply with the tobacco and/or gasoline and motive fuel reporting, payment, record keeping, and licence display requirements imposed under the *Tobacco Tax Act* and/or the *Gasoline and Motive Fuel Tax Act* and Regulations relative to tobacco retailers and/or gasoline and motive fuel retailers.
- Under penalty of perjury, that the statements made on this application are true and complete to the best of the applicant's knowledge.
- That certain information obtained on this application form will be sent to Canada Customs & Revenue Agency and Service New Brunswick pursuant to the provisions of the *Common Business Identifier Act*. (Note: Service New Brunswick may share such information with other public bodies for certain purposes pursuant to the provisions of the *Common Business Identifier Act*.)

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone No.

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### Note:

An authorized signature that would include, an owner, partner, corporate officer, manager, or any person authorized by the applicant must sign this form.

### Completed applications should be sent to:

Department of Finance  
Revenue and Taxation Division  
Licensing and Registration  
670 King Street  
P. O. Box 3000  
Fredericton, NB E3B 5G5

General Inquiries: (506) 453-2404  
Fax: (506) 457-7335

10/2005