

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 Tobacco Wholesaler's Licence**  
Pursuant to the *Tobacco Tax Act*

**Part I**

Language Preference:  English  French

Date which you will commence wholesaling Tobacco and Tobacco Products \_\_\_\_\_, 20\_\_\_\_

**Part II – General Business Information**

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

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

- Individual** (Sole Proprietorship – one person)  
 **Partnership** (Two or more persons – PARTNERSHIP NAME must be registered with the Service New Brunswick Corporate Services (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 (\_\_\_\_) \_\_\_\_\_ Home Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Name of person who will be completing the Wholesaler's Returns: \_\_\_\_\_

Business Telephone (\_\_\_\_) \_\_\_\_\_ Home Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

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

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

### Part III – Alternate Address

Mailing address for Returns (if different from address in Part II):

\_\_\_\_\_

\_\_\_\_\_

Mailing address for Tax changes and Legislative amendments:

\_\_\_\_\_

\_\_\_\_\_

### Part IV

A "wholesaler" is defined as a person, who sells or keeps tobacco products for sale, to a person other than a consumer.

**1. List the jurisdictions in which you are licensed as a Tobacco Wholesaler:**

Jurisdiction

Licence Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. From whom do you purchase tobacco products?**

\_\_\_\_\_

**3. Check the products you wish to be licensed to sell:**

Cigarettes

Smokeless Tobacco

Pipe Tobacco

Tobacco Sticks

Cigars

Tobacco Leaves

Fine Cut

**4. Location(s) where tobacco products will be stored:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. Location where records are maintained:** \_\_\_\_\_

**6. Tax reporting method requested:**

Payment on purchase method

Payment on sales method

**See Wholesaler's Guide for Explanation**

**7. Fee enclosed:** \_\_\_\_\_ (This licence does not require renewal)

**(\$1,000.00)**

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

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## Part V – Application for Permit to Mark Tobacco Products

As a licensed wholesaler, indicate if you require a permit(s) to mark cigarettes, sticks, cartons or cases (restricted to tobacco manufacturers).     Yes     No

Please provide us with your manufacturers licence number pursuant to the *Excise Tax Act of Canada*:

\_\_\_\_\_

(Manufacturer's Licence Number)

Please provide us with the name of your supplier for the New Brunswick indicium (tear strip and/or stamps):

\_\_\_\_\_

(Supplier for New Brunswick Indicium)

## Part VI – Applicant Agreement

In signing this application, I agree to the following:

- To comply with the tobacco reporting, payment, record keeping and licence display requirements imposed under the *Tobacco Tax Act* and Regulations relative to tobacco wholesalers.
- 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 Number**

### **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

04/2004

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