



Ministry of Finance
33 King St W
PO Box 620
Oshawa ON L1H 8E9

**Application to Register
for Transit Permit**
Tobacco Tax Act

Enquiries: 1 866 ONT-TAXS (1 866 668-8297)
1 800 263-7776 Teletypewriter (TTY)

1. Applicant

| | | | |
|------------------------|---|--------------------|---|
| Legal Name | | Language of Choice | |
| Business or Trade Name | <input type="checkbox"/> Same as Legal Name | Business No. | <input type="checkbox"/> English <input type="checkbox"/> French |

2. Business Address

| | | | |
|------------------------------------|------------------------|----------------------------------|-----------------|
| Unit/Apt/Suite | Street Number and Name | Lot/Concession/RR No./Postal Stn | |
| City/Town | Province/State | Country | Postal/Zip Code |
| (Area Code) Business Telephone No. | Fax No. | Email Address | |

3. Mailing Address Same as Business Address

| | | | |
|----------------|------------------------|----------------------------------|-----------------|
| Unit/Apt/Suite | Street Number and Name | Lot/Concession/RR No./Postal Stn | |
| City/Town | Province/State | Country | Postal/Zip Code |

4. Head Office Address Same as Business Address Same as Mailing Address

| | | | |
|----------------|------------------------|----------------------------------|-----------------|
| Unit/Apt/Suite | Street Number and Name | Lot/Concession/RR No./Postal Stn | |
| City/Town | Province/State | Country | Postal/Zip Code |

5. Type of Legal Entity Check applicable box (one only):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Association | <input type="checkbox"/> Non-Share Corporation |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Co-operative | <input type="checkbox"/> Trust |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Joint Venture | |

Note: Include a copy of the Articles of Incorporation and any amending articles or a copy of the Partnership Agreement.

6. List all Owners, Partners, Officers and/or Directors

| | | |
|-------------------------|-------|---------------------------|
| Name (First, Last Name) | Title | (Area Code) Telephone No. |
| | | |
| | | |

If insufficient space, attach list

7. Contact Person(s)

| | | | |
|------------------------------------|--|---------------|--------------------------------|
| Name (First, Last Name) | | Title | |
| (Area Code) Business Telephone No. | Fax No. | Email Address | |
| Unit/Apt/Suite | Street Number and Name/PO Box/Postal Stn/Rural Route | City/Town | Province/State Postal/Zip Code |

Document(s) this contact person should receive. (Check applicable boxes.)

- All or specify: Application Assessment Renewals Returns

| | | | |
|------------------------------------|--|---------------|--------------------------------|
| Name (First, Last Name) | | Title | |
| (Area Code) Business Telephone No. | Fax No. | Email Address | |
| Unit/Apt/Suite | Street Number and Name/PO Box/Postal Stn/Rural Route | City/Town | Province/State Postal/Zip Code |

Document(s) this contact person should receive. (Check applicable boxes.)

- All or specify: Application Assessment Renewals Returns

8. Transit Permit Information

Complete if you are not a registered importer and/or exporter and plan to **transport** tobacco in bulk and/or raw leaf tobacco **into, through and out of Ontario.**

Product(s) to be Transported: (Check applicable boxes)

Unmarked Cigarettes Other Tobacco* Cigars
 Unmarked Fine Cut Tobacco Raw Leaf Tobacco
 * Other Tobacco - tobacco other than cigarettes, fine cut tobacco and cigars

| | |
|---------------------|----------------------------|
| Name of Transporter | |
| Point of Origin | |
| Point of Entry | Date of Entry (yyyy/mm/dd) |
| Destination | |
| Point of Exit | Date of Exit (yyyy/mm/dd) |

9. Common Carrier Information

List transporter(s) who will **transport** your tobacco in bulk and/or raw leaf tobacco **into, through and out of Ontario.**

| Name of Transporter | Street No. and Name | City/Town | Province/State | Postal/Zip Code |
|---------------------|---------------------|-----------|----------------|-----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

If insufficient space, attach list

10. **Date business commenced under your ownership**

| | | |
|------|-------|-----|
| Year | Month | Day |
| _ _ | _ | _ |

11. Certification

I certify that I am an authorized signing officer and all information given in this application is true, correct and complete.

I also certify that the following persons, within the previous five years, have not been convicted of an offence of fraud or tax evasion or held a registration certificate or permit issued under the *Tobacco Tax Act* or the regulations that was cancelled:

- the applicant(s), and
- the person or group of persons who control the business, who are:

| |
|--------------------|
| List name(s) below |
| |
| |

| | |
|------------------------------------|---|
| First and Last Name (please print) | Title |
| Signature | Date Year Month Day _ _ _ _ _ |

It is an offence to make, participate in, assent to or acquiesce in the making of a false or deceptive statement in an application, as required under the *Tobacco Tax Act* or Regulations.

The personal information provided by you on this form is collected under the authority of the *Tobacco Tax Act* R.S.O. 1990, c. T.10 as amended, and will be used in the administration of the Acts. Questions about this collection may be directed to a Program Information Officer with the ministry at 1 866 ONT-TAXS (1 866 668-8297) or 1 800 263-7776 Teletypewriter (TTY).