

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. Interjurisdictional Transporter Registration Certificate

Complete if you plan to **transport** gasoline, fuel and/or tobacco in bulk and/or raw leaf tobacco, into or out of Ontario:

Product(s) to be Transported: Check <input checked="" type="checkbox"/> applicable boxes	Tobacco Product <input type="checkbox"/> Unmarked Cigarettes <input type="checkbox"/> Marked Cigarettes <input type="checkbox"/> Unmarked Fine Cut Tobacco <input type="checkbox"/> Marked Fine Cut Tobacco <input type="checkbox"/> Other Tobacco <input type="checkbox"/> Raw Leaf Tobacco <input type="checkbox"/> Cigars	Gasoline Product <input type="checkbox"/> Gasoline <input type="checkbox"/> Ethanol Blended Gasoline <input type="checkbox"/> Denatured Fuel Ethanol <input type="checkbox"/> Aviation Fuel <input type="checkbox"/> Propane	Fuel Product <input type="checkbox"/> Clear Fuel <input type="checkbox"/> Coloured Fuel <input type="checkbox"/> Kerosene
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Mode of Product Transportation: Motor Vehicle Marine Vessel Railway Pipeline Other

Are you registered as an Interjurisdictional Carrier (IJC)? Yes No

If Yes, enter your International Fuel Tax Agreement (IFTA) Registration No.

If No, to obtain an **Application for International Fuel Tax Agreement (IFTA) Registration** visit our website at www.ontario.ca/finance or contact the ministry at 1 866 ONT-TAXS (1 866 668-8297) or 1 800 263-7776 Teletypewriter (TTY).

9. Owner of Product Information

List importer(s) and/or exporter(s) that you will **transport** tobacco product(s) for: If insufficient space, attach list

Owner Name (Importer/Exporter)	Street No. and Name	City/Town	Province/State	Postal/Zip Code

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 <table style="display: inline-table; border: none;"> <tr> <td style="width: 20px;">Year</td> <td style="width: 20px;">Month</td> <td style="width: 20px;">Day</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Year	Month	Day			
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).