

Important – Please read the instructions before completing this Application for Tobacco Retail Dealer's Permit.

Instructions

For general information visit: <https://www.ontario.ca/finance>

- For help completing this form, call the Ministry of Finance at 1-866-ONT-TAXS (1-866-668-8297) and when you hear **What program are you calling about?** respond with **Tobacco**.
- To register a business number contact Canada Revenue Agency: 1-800-959-5525 or www.cra-arc.gc.ca
- If there is a change to any of the information provided on the Application for Tobacco Retail Dealer's Permit, it must be reported to the Ministry of Finance.
- To register for a Tobacco Retail Dealer's Permit please complete this form and mail it to the address below.
- To complete this form, please:
 - Print clearly.
 - Provide all required information. Note that failure to provide all required information may cause a delay in processing your Application.
 - Ensure that an authorized person signs the certification: e.g. sole proprietor, partner, officer, director.
 - Return the completed Application to:
Ministry of Finance
33 King Street West
PO Box 625
Oshawa ON L1H 8H9

For the **Type** of business selected in **Section 6**, enter the corresponding information for Legal name in **Section 9**.

Type of business	Legal name required for selected business type
Sole Proprietorship	First name, middle initial and last name of the owner
General Partnership	First name, middle initial and last name of Partners
Corporation	Full legal corporate name
Association	Full legal name of the association

If your type of business is not listed above, please contact the Ministry of Finance at 1-866-ONT-TAXS (1-866-668-8297).

1. Reason for application

- | | |
|-------------------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Starting a new business | <input type="checkbox"/> Buying an existing business |
| <input type="checkbox"/> Amalgamation | <input type="checkbox"/> Adding a new location |
| <input type="checkbox"/> Replacing Retail Sales Tax (RST) vendor permit | <input type="checkbox"/> Change in legal entity |

2. If you are starting a new business, buying an existing business or adding a new location

Date business commences under your ownership (yyyy/mm/dd)	Previous business closing date (if applicable) (yyyy/mm/dd)
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Previous Business Number	Previous legal name
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Did you purchase tobacco products from previous owners?

☐ Yes ☐ No If **yes**, please enter cost of tobacco products, if known \$ _____

3. If you are amalgamating

Amalgamation date (yyyy/mm/dd)

4. Are you a franchise?
☐ Yes ☐ No

5. If you are replacing an RST vendor permit

RST vendor permit number

6. Type of business
☐ **Sole Proprietorship** ☐ **General Partnership** ☐ **Corporation** ☐ **Association**

If your type of business is not listed above, please contact the Ministry of Finance at 1-866-ONT-TAXS (1-866-668-8297).

7. Additional business information and identifiers

Do you have any of the following?	If Yes, please enter number
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Federal Business Number (BN)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Municipal Tobacco License	<input type="checkbox"/> Yes <input type="checkbox"/> No
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8. If a corporation

Ontario incorporation number	Date of fiscal year end (yyyy/mm/dd)	Date of incorporation (yyyy/mm/dd)
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Certificate of incorporation number if incorporated outside of Ontario	Jurisdiction
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9. Legal name (See Instructions for type of name(s) required)

10. Business or Trade name

☐ If the same as **Legal name** (above) check this box. If not the same, complete below.

If the Trade name is not registered with the Ministry of Government and Consumer Services, please call that ministry at 1-800-361-3223 to register.

11. Business Address

Apt./Floor/Unit Number	Street Number	Street Name	
Lot/Concession/PO Box/R.R. Number/Postal Stn.		City/Town/Municipality	
Province	Postal Code	Business Telephone Number	Email Address

Do you have more than one Ontario business location?

☐ Yes ☐ No If yes, attach a list of all locations

12. Mailing Address

☐ If the same as **business address** (above) check this box. If not the same, complete below.

Apt./Floor/Unit Number	Street Number	Street Name	
Lot/Concession/PO Box/R.R. Number/Postal Stn.		City/Town/Municipality	
Province/State		Postal/ZIP Code	

13. Head Office Address

☐ If the same as **business address** (above) check this box
☐ If the same as **mailing address** (above) check this box

} If not the same as **business** or **mailing address**, complete below

Apt./Floor/Unit Number	Street Number	Street Name	
Lot/Concession/PO Box/R.R. Number/Postal Stn.		City/Town/Municipality	
Province/State		Postal/ZIP Code	

14. Name, title, home phone and home address of the owners, partners, officers, directors, or members

If there are more than two persons, attach a separate list showing details for each

Last Name	First Name	Middle Name
Title		Home Telephone Number

Home Address

Apt./Floor/Unit Number	Street Number	Street Name	
Lot/Concession/PO Box/R.R. Number/Postal Stn.		City/Town/Municipality	
Province/State		Postal/ZIP Code	

Last Name		First Name	Middle Name
Title			Home Telephone Number
Home Address			
Apt./Floor/Unit Number	Street Number	Street Name	
Lot/Concession/PO Box/R.R. Number/Postal Stn.		City/Town/Municipality	
Province/State		Postal/ZIP Code	

15. Person to contact about this Application

Last Name		First Name	Middle Name
Title/Relationship to business (e.g. partner, officer, director, owner, lawyer, accountant, employee, spouse)			
Business Telephone Number		Home Telephone Number	Fax
Cell	Pager	Toll-free	

16. Do you prefer communication in French?

☐ Yes ☐ No

17. Certification

I certify that the information on this Application is, to the best of my knowledge, true, correct and complete.

Last Name		First Name
Title/Relationship to business (e.g. partner, officer, director, owner, lawyer, accountant, employee, spouse)		
Signature		Date (yyyy/mm/dd)

If there is a change to any of the information provided on the Application for Tobacco Retail Dealer's permit, it must be reported to the Ministry of Finance.

Personal information on this form is collected under the authority of the *Tobacco Tax Act* and will be used for the purposes of registering the applicant and issuing a Tobacco Retail Dealer's permit. Questions about this collection may be directed to an Agent with the Ministry Information Centre at 1-866-ONT-TAXS (1-866-668-8297) or in writing to the address provided in the instructions.