

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

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 | |

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. Raw Leaf Tobacco Registration Certificate(s) Check and complete applicable box(es)

Type of Raw Leaf Tobacco Registration Certificate(s) requested:

- Producer Processor Dealer Importer Exporter

9. Producer - Complete if you plan to **produce** raw leaf tobacco in Ontario: (e.g., plant, grow, harvest, or cure)

What is the purpose of the raw leaf tobacco you plan to produce?

- To Sell - please specify: will you sell only the raw leaf tobacco you produce and will you sell the raw leaf tobacco in Ontario only? Yes No
- Own Use - for manufacture of tobacco products
- Agronomic Research - please specify details:

Purpose of Research	Person(s)/Company research is being performed for
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Type	Estimated Kilograms to be Produced in the next 12 months	Total Kilograms Produced in the past 12 months
<input type="checkbox"/> Flue-Cured		
Non Flue-Cured		
<input type="checkbox"/> Black <input type="checkbox"/> Burley <input type="checkbox"/> Other		

1 Pound = 0.454 Kilograms

10. Processor - Complete if you plan to **process** raw leaf tobacco in Ontario: (e.g., stem, thresh, re-dry, blend or package)

Type	Estimated Kilograms to be Processed in the next 12 months	Total Kilograms Processed in the past 12 months
<input type="checkbox"/> Flue-Cured		
Non Flue-Cured		
<input type="checkbox"/> Black <input type="checkbox"/> Burley <input type="checkbox"/> Other		

1 Pound = 0.454 Kilograms

11. Dealer - Complete if you plan to **sell** raw leaf tobacco or **offer** or **keep** it for sale in Ontario.

Type	Estimated Kilograms to be Sold in the next 12 months	Total Kilograms Sold in the past 12 months
<input type="checkbox"/> Flue-Cured		
Non Flue-Cured		
<input type="checkbox"/> Black <input type="checkbox"/> Burley <input type="checkbox"/> Other		

1 Pound = 0.454 Kilograms

12. Importer Registration Certificate - Complete if you plan to **bring** raw leaf tobacco **into Ontario** or **cause it to be brought into Ontario**.

Type	Estimated Kilograms to be Imported in the next 12 months	Total Kilograms Imported in the past 12 months	Expected Jurisdiction Imported from(Province/State/Country)
<input type="checkbox"/> Flue-Cured			
Non Flue-Cured			
<input type="checkbox"/> Black <input type="checkbox"/> Burley <input type="checkbox"/> Other			

1 Pound = 0.454 Kilograms

13. Exporter Registration Certificate - Complete if you plan to **take** raw leaf tobacco **out of Ontario** or **cause it to be taken out of Ontario**.

Type	Estimated Kilograms to be Exported in the next 12 months	Total Kilograms Exported in the past 12 months	Expected Jurisdiction Exported to(Province/State/Country)
<input type="checkbox"/> Flue-Cured			
Non Flue-Cured			
<input type="checkbox"/> Black <input type="checkbox"/> Burley <input type="checkbox"/> Other			

1 Pound = 0.454 Kilograms

Business Plan

If insufficient space, attach details on a separate sheet.

14. Supplier Information - List supplier(s) that you will purchase or obtain raw leaf tobacco from:

Supplier Name	Street No. and Name	City/Town	Province/State	Postal/Zip Code

15. Customer Information - List customer(s) who will purchase or receive your raw leaf tobacco:

Customer Name	Street No. and Name	City/Town	Province/State	Postal/Zip Code

16. Common Carrier Information - List transporter(s) who will transport your raw leaf tobacco into or out of Ontario:

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

17. Description/location of all land, building and/or fixtures in which raw leaf tobacco can be grown, cured or stored.

Description and Location of Land, Building and/or Fixture			911 Address	Owned or Leased	Name of Land Owner	Purpose of Land/Building/Fixture
Description 1				<input type="checkbox"/> Owned <input type="checkbox"/> Leased from Others <input type="checkbox"/> Leased to Others		<input type="checkbox"/> Growing <input type="checkbox"/> Curing <input type="checkbox"/> Storage
Location						
Lot	Concession	Township				
Description 2				<input type="checkbox"/> Owned <input type="checkbox"/> Leased from Others <input type="checkbox"/> Leased to Others		<input type="checkbox"/> Growing <input type="checkbox"/> Curing <input type="checkbox"/> Storage
Location						
Lot	Concession	Township				
Description 3				<input type="checkbox"/> Owned <input type="checkbox"/> Leased from Others <input type="checkbox"/> Leased to Others		<input type="checkbox"/> Growing <input type="checkbox"/> Curing <input type="checkbox"/> Storage
Location						
Lot	Concession	Township				

Year	Month	Day

18. Date business commenced under your ownership

19. 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 two 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 Act. Information provided to the ministry in this application may be disclosed where necessary for verification purposes only. 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).