

**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.  **Wholesaler's Permit**Complete if you plan to **wholesale** (sell in Ontario for the purpose of resale) tobacco product(s) in **Ontario**:**Product(s) you Wholesale:** (Check  applicable boxes) Marked Cigarettes Marked Fine Cut Tobacco Other Tobacco\*

\* Other Tobacco - tobacco other than cigarettes and fine cut tobacco

**Wholesale Location** - For each wholesale location, list the following details:

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

**Retail Outlet Location** - For each retail outlet location, list the following details:

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

**Business Plan**9. **Supplier Information** - List supplier(s) that you will purchase or obtain tobacco product(s) from:

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

10. **Customer Information** - List customer(s) who will purchase your tobacco product(s):

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

**Note 1:** Ensure your customer(s) and/or supplier(s) holds a valid designation, registration certificate and/or permit under the *Tobacco Tax Act*. Refer to our online tobacco tax registrant listing at [www.fin.gov.on.ca/en/lists/tt/registrant.html](http://www.fin.gov.on.ca/en/lists/tt/registrant.html) or contact the ministry at 1-866-ONT-TAXS (1-866-668-8297) or 1-800-263-7776 Teletypewriter (TTY).

**Note 2:** Retailers selling tobacco products in Ontario must hold either a Tobacco Retail Dealer's Permit issued under the *Tobacco Tax Act* or a Vendor's Permit issued under the *Retail Sales Tax Act*.

**11. Description of Tobacco Product(s)**

Complete the following details regarding the tobacco product(s) you plan to deal in. List the tobacco product(s) by type:

Product Type	Brand Name	Package Size	Does the Tobacco Product(s) Contain: Health Warnings?	Does the Tobacco Product(s) Contain: Additives/Flavours?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Year	Month	Day
_ _	_	_

**13. Direct Deposit**

To enrol for direct deposit or to update your banking information, complete the following:  
 (You can find these numbers in your chequebook, on your bank statement or on a personal deposit slip or you can get them from your financial institution)

Branch No. (5 digits)	Institution No. (3 digits)	Account No. (maximum 12 digits)

By providing my banking information I authorize the Minister of Finance to deposit in the bank account number shown above any amounts payable to me by the Ministry of Finance, **for this program**, until otherwise notified by me. I understand that this authorization will replace all of my previous direct deposit authorizations **for this program**.

**14. 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).