

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

1. Reason for application

- Starting a new business
- Buying an existing business
- Amalgamation
- Adding a new location

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

 Date business commences under your ownership
 Year Month Day

Previous business closing date (if applicable) Year Month Day

Previous Business No.

Previous legal name

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
 Year Month Day

4. Are you a franchise?

-
- Yes
-
- No

5. 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).

6. Additional business information and identifiers

Do you have any of the following?

Yes No If Yes, please enter number

 Business Number (BN) #

 Municipal Tobacco License #

7. If a corporation

Ontario incorporation no.

 Date of fiscal year end
 Year Month Day

 Date of incorporation
 Year Month Day

Certificate of incorporation number if incorporated outside of Ontario

Jurisdiction

8. Legal name
See Instructions for type of name(s) required.
9. Business or Trade name
 If the same as **Legal name** (above) check this box. If not the same, complete below.

10. Business address

Apt. / Floor / Unit number	Street number and name	Lot / Concession / R.R. number / Postal stn.
City / Town / Municipality		Province / State
Postal / ZIP code		
Do you have more than one Ontario business location? <input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail / Internet address	Business telephone
If yes, attach a list of all locations.		

11. Mailing address

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

Apt. / Floor / Unit number	Street number and name	Lot / Concession / PO Box / R.R. number / Postal stn.
City / Town / Municipality		Province / State
Postal / ZIP code		

12. Head office address

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

Apt. / Floor / Unit number	Street number and name	Lot / Concession / R.R. number / Postal stn.
City / Town / Municipality		Province / State
Postal / ZIP code		

13. 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.

First name	Middle name	Last name
Title		Home telephone

Home address

Apt. / Floor / Unit number	Street number and name	Lot / Concession / PO Box / R.R. number / Postal stn.
City / Town / Municipality		Province / State
Postal / ZIP code		

First name	Middle name	Last name
Title		Home telephone

Home address

Apt. / Floor / Unit number	Street number and name	Lot / Concession / PO Box / R.R. number / Postal stn.
City / Town / Municipality		Province / State
Postal / ZIP code		

14. Person to contact about this Application

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

15. Do you prefer communication in French?

Yes No

16. Certification

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

First name		Last name			
Title / Relationship to business (e.g. partner, officer, director, owner, lawyer, accountant, employee, spouse)					
Signature			Date		
X			Year	Month	Day

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.

For general information visit

ontario.ca/finance

Instructions

- 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."
- 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 5**,
 enter the corresponding information for **Legal name** in **Section 8**.

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).