

Version française disponible.

## 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 Revenue 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 number

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		Fax	
Cell		Pager	
Toll-free		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 Revenue.

Personal information 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. 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/revenue](http://ontario.ca/revenue)

# Instructions

- For help completing this form, call the Ministry of Revenue 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 Revenue.
- To register for a Tobacco Retail Dealer's Permit you can –
  - call the Ministry of Revenue at 1 866 ONT-TAXS (1 866 668-8297).
  - fill out this form and mail it to the address below.
- If you are completing 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 Revenue  
 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 Revenue at 1 866 ONT-TAXS (1 866 668-8297).