Tobacco Tax Registration

Application Form
Exceptions: SITES

PART A – BUSINESS INFORMATION

1. **Does the business have a Federal Business Number?** ☐ Yes   ☐ No   **If 'Yes' provide** (first 9 digits): ☐☐☐☐☐☐☐☐☐

2. **SK Start Date** (YYYYMMDD): ☐☐☐☐☐☐☐☐

3. **Legal Name:** Last Name, First Name if individual(s)

4. **Operating Name:** As it appears on the businesses invoices   ☐ **Same as Legal Name**

5. **Mailing Address:** Input primary mailing address on the first line and any alternate address on the second and third line

Mailing Address	City, Province	Postal Code	Comment
			Primary Mailing

6. **Physical Location:** Input head office on the first line and any additional locations on the second and third line

Street Address	City, Province	Postal Code	Country

PART B – REGISTRATION INFORMATION

7. **Does the business have a SK Corporate Registry Number?** ☐ Yes   ☐ No   **If 'Yes' provide:** ☐☐☐☐☐☐☐☐☐

8. **Type of Ownership:** Select **one** of the following

☐ Corporation: *Includes Non-Profits and Co-operatives*	Director Name (Last Name, First Name)	Director Name (Last Name, First Name)
	Director Name (Last Name, First Name)	Director Name (Last Name, First Name)

☐ Sole Proprietor	Owner Name (Last Name, First Name)	Drivers Licence PIC:

☐ Partnership	Partner Name (Last Name, First Name)	Federal BN / Drivers Licence PIC:
	Partner Name (Last Name, First Name)	Federal BN / Drivers Licence PIC:

☐ Joint Venture	Operator Name:	Federal BN / Drivers Licence PIC:
	Participant Name:	Federal BN / Drivers Licence PIC:

☐ Other	Type of Ownership:	Legal Name:	Federal BN / Drivers Licence PIC:

9. **Nature of Business:** Provide details regarding the primary nature of the business's SK operations

Description of the Type of Business and Product(s) or Service(s) Provided in SK	Est % of Revenue

10. **Associated Companies:** List any associated companies doing business in SK

Business Name	Location (City, Province, Country)	Ownership (%)	Business Number

PART C – CONTACT INFORMATION

12. Contact Information: **The business consents to the release of confidential information about their SK tax accounts to the representatives named below.**

Primary Contact
Contact Name: _____ Title: _____

Business Name: _____ Federal Business Number: _____ ☐ Same as Applicant

Tel No. #1 (____)_____ Tel No. #2 (____)_____ Fax No. (____)_____

Email: _____

Alternate Contact
Specify Use: _____

Contact Name: _____ Title: _____

Business Name: _____ Federal Business Number: _____ ☐ Same as Applicant

Tel No. #1 (____)_____ Tel No. #2 (____)_____ Fax No. (____)_____

Email: _____

PART D – TOBACCO TAX INFORMATION

13. MANUFACTURER: Does the business manufacture tobacco products for re-sale?   ☐ Yes   ☐ No

14. IMPORTER: Does the business intend to import tobacco from outside SK?   ☐ Yes   ☐ No

PART E – TOBACCO INVENTORY INFORMATION

15. List your current or proposed tobacco suppliers below:

Supplier Name	Location (City/Town, Province)	Category of Product(s)	

16. Provide the estimated <u>monthly amount</u> of tobacco products you intend to sell and distribute in SK:

	Category of Product	Unit of Measure	Manufactured in SK	Imported	Purchased in SK
☐	Cut Tobacco	Grams			
☐	Cigarettes	Sticks			
☐	Tobacco Sticks	Sticks			
☐	Cigars	Taxable Value	$	$	$
☐	Pipe Tobacco	Grams			
☐	Smokeless Tobacco	Grams			
☐	Heated Tobacco Products	Sticks, cartridges or capsules			
☐	Other; specify				
☐	Other; specify				
☐	Other; specify				
☐	Other; specify				

17. Identify your inventory storage locations in SK:

Storage Location	SK Marked	Black Stock
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

Saskatchewan

PART F – FINANCIAL INFORMATION

18. Identify your SK assets by category:

Category	SK Assets ($)
Buildings	
Land	
Vehicles and Equipment	
Other; specify	

19. Other Jurisdictional Licences: Complete the following table if the business has been registered in other jurisdictions

Jurisdiction(s)	Type of Licence

20. Ensure the following information is submitted in order to process your application:

☐ Financial Statements   ☐ Business Plan *(if not existing business)*

PART G - CERTIFICATION

I certify that the information provided in support of this application is true in substance and in fact and that I am authorized to complete this application on behalf of the business named. I understand that any licence issued pursuant to this application is subject to the provisions of the corresponding legislation, and that any licence application or licence issued based on information that is materially false or inaccurate may be denied, suspended and/or cancelled. I authorize the Ministry of Finance to verify any information contained in this form with any entity that holds such information.

_____   _____   _____
Applicant Name (please print)   **Tel No.**   **Role/Title**

_____   _____
Signature of Applicant   **Date** (YYYY-MM-DD)

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