

Tobacco Tax Supplier

Licence Application

Ministry of Finance
 Revenue Division
 PO Box 200
 Regina, SK S4P 2Z6
 Toll Free 1-800-667-6102
 Phone (306) 787-6645
 SaskTaxInfo@gov.sk.ca

PART A – BUSINESS INFORMATION

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

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2. SK Start Date (YYYYMMDD):

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

4. Operating Name: As it appears on the business's 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:

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8. Type of Ownership: Select one of the following

<input type="checkbox"/> Corporation: <i>Includes Non-Profits and Co-operatives</i>	Director Name (Last Name, First Name)	Director Name (Last Name, First Name)
	Director Name (Last Name, First Name)	Director Name (Last Name, First Name)
<input type="checkbox"/> Sole Proprietor	Owner Name (Last Name, First Name)	Drivers Licence PIC:
<input type="checkbox"/> Partnership	Partner Name (Last Name, First Name)	Federal BN / Drivers Licence PIC:
	Partner Name (Last Name, First Name)	Federal BN / Drivers Licence PIC:
<input type="checkbox"/> Joint Venture	Operator Name:	Federal BN / Drivers Licence PIC:
	Participant Name:	Federal BN / Drivers Licence PIC:
<input type="checkbox"/> 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 F – ADDITIONAL INFORMATION**20. Identify your SK assets by category:**

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

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

Jurisdiction(s)	Type of Licence

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

- Financial Statements
 Business Plan
- Names of all business owners, directors, partners, shareholders, officers, employees, contractors, and any other person dealing directly with the ownership of the business.
- Details of security measures in place for the storage of tobacco including raw leaf and manufactured tobacco.

In addition to the above, **manufacturers** must also provide:

- Packaging type and size used for tobacco products
- Supply source(s) of raw leaf tobacco
- Raw leaf storage, manufacturing and finished tobacco product storage location(s) – list all if not the same location

A security is required to obtain a Tobacco Supplier Licence. Security requirements will be provided to the applicant within 5 business days of receiving the application.

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)