

Tobacco Tax Retailer

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 followed by the retail locations to be licensed on the remaining lines. Attach a list if more space is needed.

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 C –CONTACT INFORMATION**

11. Contact Information: The business consents to the release of confidential information about their SK tax accounts to the representatives named below. By providing your email address, you consent to the use of this email address for exchange of information and communication purposes with the Ministry of Finance. It is your responsibility to advise the Ministry of Finance if this email address changes or should no longer be used for communication purposes.

Primary Contact			
Contact Name: _____		Title: _____	
Business Name: _____		Federal Business Number: _____ <input type="checkbox"/> Same as Applicant	
Tel No. #1 (____) _____		Tel No. #2 (____) _____ Fax No. (____) _____	
E-mail: _____			

Alternate Contact			Specify Use: _____
Contact Name: _____		Title: _____	
Business Name: _____		Federal Business Number: _____ <input type="checkbox"/> Same as Applicant	
Tel No. #1 (____) _____		Tel No. #2 (____) _____ Fax No. (____) _____	
E-mail: _____			

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PART E - 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)