



Mail This Form to:

Service Nova Scotia
Business Registration Unit
PO Box 1529
Halifax, Nova Scotia B3J 2Y4

Business Applicant Profile Information

Business Name:

Operating Name

Canada Revenue Agency BN #:

NS Registry of Joint Stock Companies:

Business Civic Address (Not PO Box):

Street # and Name, Unit/Suite/Apt#

City/Town/County Province Country Postal Code

Business Mailing Address (If Different):

Street # and Name, PO Box, RR #, Site #, etc.

City/Town/County Province Country Postal Code

Business Address in Nova Scotia (If Different than above):

Street # and Name, PO Box, RR #, Site #, etc.

City/Town/County Province Country Postal Code

Business Contact Information

Name

Title

Primary Phone #

Fax #

Email Address

Please Note: The submission of an application with payment does not guarantee application approval.



Type of Application: New Renewal

Questions: Call 902-424-6300 Fax 902-424-0602

Type of Permit Applied For:

Required Sections to be completed

Please check the permit you are requesting

- | | |
|---|------------------------|
| (1) Retail Tobacco Vendor Permit | Sections I, II and IV |
| (2) Designated Retail Tobacco Vendor Permit | Sections I, II and IV |
| (3) Wholesale Tobacco Vendor Permit | Sections I, III and IV |
| (4) Tobacco Manufacturer Permit | Sections I, III and IV |
| (5) Permit to Purchase & Sell Unstamped Tobacco | Sections I, III and IV |
| (6) Retail Vaping Products Vendor Permit | Sections I, II and IV |
| (7) Wholesale Vaping Products Vendor Permit | Sections I, III and IV |
| (8) Manufacturer Vaping Products Permit | Sections I, III and IV |

Section 1 – All Applicants

1. Type of Ownership:

Proprietorship Partnership Corporation Other (specify)

2. Principal Owner(s):

Enter full name(s), title(s), civic address(es) and mailing address(es) of the proprietor, partners or principal officers. Attach supplementary list, if required,

Name and Title	Civic and Mailing Address	% Ownership
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3. Bank Information (For Business accounts):

Bank Name

Street # and Name

City/Town/County

Province

Postal Code

4. Location of Financial Records: **Business Name**

Street # and Name

City/Town/County

Province

Postal Code

5. Name and title of person responsible for Financial Records:

First

Middle

Last Name (Please Print)

Title

Phone

Fax #

Email

6. Date business began: _____
dd-mm-yyyy

7. List any previous business names and previous owners and location of your business.

Enter business(s), owner(s) full name(s) and/or address(es) of your business. Attach supplementary list, if required.

Section II – Retail Tobacco, Retail Vaping Products and Designated Retail Tobacco

1. Please select type of business operated:

Canteen Convenience Store Gas Station General Merchandise Grocery/Market
Smoke Shop Vape Shop Other-specify

2. Duration of Business

Specify all wholesaler(s) (mandatory): Wholesaler License #:

Year Round Seasonal

Specify hours of operation:

Section III – Wholesaler, Manufacturer, Importer and Unstamped Only

1. (a) Estimated annual quantity of tobacco products sold in Nova Scotia.

Number of Cigarettes	Number of Tobacco Sticks	Number of Cigars	Number of Grams of Fine-cut & Other Tobacco
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(b) Estimated annual quantity of vape products sold in Nova Scotia.

Substance		Devices	Vaping Packages		
No. of ML	No. of Grams	Retail Value	Device Retail Value	Substance No. of ML	No of Grams

(c) Please indicate if you manufacture:

Vaping Substance	Yes	No	Vaping Devices	Yes	No	Vaping Packages	Yes	No
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Business Name

2. List Names and locations of all distribution centres conducting business in Nova Scotia.

Manufacturers/Wholesalers:

(a) Nova Scotia stamped tobacco (all locations)

Enter contact person's full name(s), civic address(es), mailing address(es), telephone and fax numbers

(b) Nova Scotia unstamped tobacco (within Nova Scotia only)

Enter contact person's full name(s), civic address(es), mailing address(es), telephone and fax numbers

(c) Nova Scotia vaping products (all locations)

Enter contact person's full name(s), civic address(es), mailing address(es), telephone and fax numbers

3. List all tobacco tax numbers with other jurisdictions (Attach supplementary list if required):

Tax Number	Jurisdiction	Tax Number	Jurisdiction	Tax Number	Jurisdiction
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4. Do you have a Nova Scotia Retail Tobacco Permit(s) and/or Retail Vaping Products Vendor Permit(s)?

Yes No

If yes, provide a list of business name and locations for all retail locations selling tobacco or vape products in Nova Scotia.(Attach supplementary list if required)

5. Who are your primary customers? List their business / operating names:

6. Enter a brief explanation why you are applying to be a Tobacco / Vape Wholesaler in Nova Scotia:

Section IV - Certification

Have you, any family member, or any individual who will be associated with the sale of tobacco under this license ever held a tobacco-related license in any Canadian jurisdiction that was suspended or revoked?

Yes No

Is there any reason to believe that a person who has contravened any tobacco-related law in any Canadian jurisdiction might be connected to the business seeking this license?

Yes No

Business Name

All above statements are hereby certified to be correct to the best of my knowledge and belief of the undersigned (owner or principal officer). The applicant hereby authorizes and consents to receipt of credit information by this department from time to time including the receipt of credit information from any credit reporting agency, credit bureau or any person or corporation with whom the applicant may have financial relations. I agree that upon issuance of a permit, the information contained thereon may be shared with tobacco suppliers.

Name (please print)

Title

Signature _____

Date (DD/MM/YYYY)

The above applicant hereby makes an application for a permit under the *Revenue Act (Act)* and agrees to comply with the requirements set out in the Act and Regulations.

Tobacco and Vaping Products Permit Fees

Retail Tobacco Vendor Permit

Designated Retail Tobacco Vendor Permit

Applicable Fee: Total number of locations

X \$124.60 = Fee \$

Retail Vaping Products Vendor Permit

Applicable Fee: Total number of locations

X \$124.60 = Fee \$

Wholesale Tobacco Vendor Permit

Tobacco Manufacturer Permit

Permit to Purchase and Sell Unstamped Tobacco

Applicable Fee: 1 X \$124.60 = Fee \$ 124.60

Wholesale Vaping Products Vendor Permit

Manufacturer Vaping Products Permit

Applicable Fee: 1 X \$124.60 = Fee \$ 124.60

Total Fee = \$

Mail to: Service Nova Scotia
Business Registration Unit
PO Box 1529
Halifax, Nova Scotia B3J 2Y4

Fax To : 902-424-0602
(Credit Card Payment Only)

Drop Off: Access Nova Scotia Centres

Payment Type: **Cheque** Money Order Visa MasterCard American Express

Card Holder's Name

Card Holder's Signature

Credit Card Account Number

Expiry Date (MM/YY)

- All payments must be in Canadian funds and made payable to: **The Minister of Finance**
- Post-dated cheques or cash will not be accepted.