

Tobacco Tax Registration

Application Form

Exceptions: SITES

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? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' provide (first 9 digits):			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										
2. SK Start Date (YYYYMMDD):			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										
3. Legal Name: Last Name, First Name if individual(s)													
4. Operating Name: As it appears on the businesses invoices			<input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' provide:			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										
8. Type of Ownership: Select <u>one</u> of the following													
<input type="checkbox"/> Corporation:	Director Name (Last Name, First Name)	Director Name (Last Name, First Name)											
<i>Includes Non-Profits and Co-operatives</i>	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 <small>(City, Province, Country)</small>	Ownership <small>(%)</small>	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: _____ <input type="checkbox"/> Same as Applicant
Tel No. #1 () _____	Tel No. #2 () _____ Fax No. () _____
Email: _____	

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. () _____
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 monthly amount of tobacco products you intend to sell and distribute in SK:

	Category of Product	Unit of Measure	Manufactured in SK	Imported	Purchased in SK
<input type="checkbox"/>	Cut Tobacco	Grams			
<input type="checkbox"/>	Cigarettes	Sticks			
<input type="checkbox"/>	Tobacco Sticks	Sticks			
<input type="checkbox"/>	Cigars	Taxable Value	\$	\$	\$
<input type="checkbox"/>	Pipe Tobacco	Grams			
<input type="checkbox"/>	Smokeless Tobacco	Grams			
<input type="checkbox"/>	Heated Tobacco Products	Sticks, cartridges or capsules			
<input type="checkbox"/>	Other; specify				
<input type="checkbox"/>	Other; specify				
<input type="checkbox"/>	Other; specify				
<input type="checkbox"/>	Other; specify				

17. Identify your inventory storage locations in SK:

Storage Location	SK Marked	Black Stock
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

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)