Reset ? NOTE: You can fill out these fields for printing, but cannot save the values here

Prince Edward Island CANADA

Finance, Energy and Municipal Affairs
Taxation and Property Records

Mail to:
Finance, Energy and Municipal Affairs,
Taxation and Property Records
PO Box 1150, Charlottetown, PE C1A 7M8

Deliver to:
95 Rochford Street
Shaw Building, 1st Floor South
Charlottetown, PE C1A 3T6
or: any Access PEI Centre

Tel: (902) 368 6577; Fax: (902) 368 6164
Website: ***www.taxandland.pe.ca***
Email: taxandland@gov.pe.ca

Application for a Tobacco Manufacturer's, Wholesale Vendor's License and/or Marking / Marking Exemption Permit

(Pursuant to the *Tobacco Tax Act* R.S.P.E.I. 1988)

Freedom of Information and Protection of Privacy
Personal information on this form is collected under the authority of Section 31(c) of the *Freedom of Information and Protection of Privacy Act* and will be used for the purposes of tax administration and enforcement. Questions on the collection and use of this information can be directed to the Manager, Tax Administration and Compliance Services, PO Box 2000, Charlottetown, PE C1A 7N8 (902) 368-5137.

Section A – General Information

Type of License/Permit Required:
☐ Manufacturer's License ☐ Wholesaler Vendor's License ☐ Marking Permit ☐ Marking Exemption Permit

Applicant's Legal Name:			
Mailing Address:			
City or Town:		Province:	Postal Code:
Phone No.:	Fax No.:	Email:	

Trade or Business Name (if different than above):			
Mailing Address:			
City or Town:		Province:	Postal Code:
Phone No.:	Fax No.:	Email:	

Section B – Business Information

1. Type of Ownership:

☐ Proprietorship ☐ Partnership ☐ Corporation ☐ Other (specify) _____

2. List Full Name(s), Titles(s), Address(es) and Phone Number(s) of Proprietors/Partners or Principal Officers (attach supplementary list, if required).

Name and Title	Address	Phone No.	% Ownership

3. Location of Records: _____

4. Name of Person Responsible for Records: _____

Phone No.: _____ Email: _____

5. Give a short description of your company's activity relating to tobacco products:

_____

_____

6. A. How many tobacco outlets do you operate?

Warehouses: _____ Cash & Carry: _____

Other (please specify): _____

B. Attach a separate list with the name and address of each outlet by type.

7. Names and addresses of tobacco suppliers (attach supplementary list if required):

_____

_____

_____

8. For Marking Permit Applicants Only – List each location where tobacco products will be marked:

_____

_____

9. Sales Information:

	No. of cigarettes	No. of cigars	No. of tobacco sticks	Other (grams)
PEI sales last 12 months				
Estimated PEI sales next 12 months				
Imports last 12 months				
Estimated imports next 12 months				
Exports last 12 months				
Estimated exports next 12 months				

10. Does your business currently have tobacco tax accounts with other jurisdictions? ☐ Yes ☐ No

Tax Account No.	Jurisdiction	Tax Account No.	Jurisdiction

11. Does your business currently have a tobacco tax account with the Province of Prince Edward Island?

Tobacco Tax Account Number _____

Section C – Certification

The applicant named above hereby makes application for a license/permit issued under the *Tobacco Tax Act* and agrees to accept the responsibilities as set out in the Act and the *Revenue Administration Act* and associated regulations, collect the tax imposed and account to the Provincial Tax Commissioner for all monies collected under the Acts.

I certify, to the best of my knowledge and belief, that the above information is correct. I also understand that the information on this form will be used for purposes of tax administration and enforcement pursuant to Section 20 of the *Revenue Administration Act*.

_____ _____

Name Title

_____ _____ _____

Signature Date Telephone