



Department of  
Finance  
Taxation and  
Property Records

**Mail to:**  
Department of Finance  
Taxation and Property Records  
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**Deliver to:**  
95 Rochford Street  
Shaw Building, 1<sup>st</sup> Floor South  
Charlottetown, PE C1A 3T7  
or: any Access PEI Centre  
  
Tel: (902) 368 4070; Fax: (902) 368 6164  
Website: [www.princeedwardisland.ca](http://www.princeedwardisland.ca)  
Email: [taxandland@gov.pe.ca](mailto: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. Federal Business Number(BIN): \_\_\_\_\_

4. Location of Records: \_\_\_\_\_

5. Name of Person Responsible for Records: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

7. 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.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

10. 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	_____	_____	_____	_____

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

Tax Account No.	Jurisdiction	Tax Account No.	Jurisdiction
_____	_____	_____	_____

12. 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