



Tobacco Licence Application

The Tobacco Tax Act
Tax and Revenue Administration

To be completed by persons requiring a wholesaler licence to sell tobacco in Alberta for resale or an importer licence to import or bring tobacco into Alberta for sale. The licence will expire if the importer or wholesaler stops selling tobacco in Alberta; otherwise, it will remain in force unless cancelled by Tax and Revenue Administration. Complete a Schedule A (form AT350) and list each location that will stock tobacco products intended for wholesale, import, or export in or from Alberta. If you have more than four locations, please use additional Schedule A's.

This form together with Schedule A (if applicable) and financial statements must be sent to: TAX AND REVENUE ADMINISTRATION, 9811 109 ST, EDMONTON AB T5K 2L5. If you require assistance, phone 780-427-3044. If calling long distance within Alberta, call 310-0000 then enter 780-427-3044.

1. Full Legal Name of Corporation, Partnership or Proprietorship: <input style="width:95%;" type="text"/>	For Office Use Only								
2. Business or Operating Name (if different from full legal name): <input style="width:95%;" type="text"/>									
3. Type of Ownership (please check): <input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship Alberta Corporate Account Number (enter the 9 or 10 digit account number) <input type="checkbox"/> Partnership, number of partners: _____ <input type="checkbox"/> Other (please specify): _____									
4. Mailing Address: <input style="width:95%;" type="text"/> <table style="width:100%; border: none;"> <tr> <td style="border: none;">City/Town:</td> <td style="border: none;">Province/Territory:</td> <td style="border: none;">Postal Code:</td> </tr> <tr> <td style="border: none;"><input style="width:95%;" type="text"/></td> <td style="border: none;"><input style="width:95%;" type="text"/></td> <td style="border: none;"><input style="width:95%;" type="text"/></td> </tr> </table>		City/Town:	Province/Territory:	Postal Code:	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>		
City/Town:	Province/Territory:	Postal Code:							
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>							
5. Contact Information: <table style="width:100%; border: none;"> <tr> <td style="border: none;">Name:</td> <td style="border: none;">Position:</td> </tr> <tr> <td style="border: none;"><input style="width:95%;" type="text"/></td> <td style="border: none;"><input style="width:95%;" type="text"/></td> </tr> <tr> <td style="border: none;">Telephone:</td> <td style="border: none;">E-mail Address:</td> </tr> <tr> <td style="border: none;"><input style="width:95%;" type="text"/></td> <td style="border: none;"><input style="width:95%;" type="text"/></td> </tr> </table>		Name:	Position:	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	Telephone:	E-mail Address:	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Name:	Position:								
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>								
Telephone:	E-mail Address:								
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>								
6. Date you expect to commence operations in Alberta: <input style="width:150px;" type="text"/>									
7. Have you been appointed a tobacco tax collector in any other jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list the jurisdictions: _____									
8. <b style="text-align: center;">ELECTRONIC MESSAGE AUTHORIZATION For the purpose of section 39.2 of the <i>Tobacco Tax Act</i> , the applicant hereby authorizes Alberta Treasury Board and Finance, Tax and Revenue Administration (TRA) to send electronic messages informing the applicant that a notice or other communication (e.g., a Notice of Assessment) requiring the applicant's immediate attention is available in the applicant's secure electronic Tax and Revenue Administration Client Self-Service (TRACS) account. It is understood that by providing this authorization, the applicant will not receive by regular mail any notices or other communications made available in TRACS. It is further understood that this authorization may be revoked at any time upon written notice of such revocation to TRA. <input type="checkbox"/> Yes <input type="checkbox"/> No									

9. Do you plan to sell tobacco to wholesalers and/or retailers in Alberta? Yes No
10. Do you plan to sell tobacco directly to consumers in Alberta? Yes No
11. Do you stock or plan to stock tobacco at your Alberta locations that are marked for sale in a jurisdiction other than Alberta? Yes No
12. Do you plan to sell black stock for sale in Alberta ? Yes No
If Yes, list the AITE retailers: _____
13. Do you plan to stock black stock in Alberta intended for export ? Yes No
If Yes, list the jurisdictions: _____
14. Do you have a current federal tobacco manufacturer's/packer's licence? Yes Current Licence No. _____
 No

15. Please list your tobacco suppliers and location if outside Canada:

16. What is your estimated monthly sales volume in Alberta for each of the following categories of tobacco:

Raw Leaf (grams)	Cigarette (cartons)	Cigars (singles)	Loose Tobacco (grams)
------------------	---------------------	------------------	-----------------------

Please enclose a copy of your most recent annual financial statements (audited, if available).
NOTE: You may be required to provide a bond to secure Alberta tobacco tax collections.

17. Name of Business Bank:

Address:

City/Town:	Province:	Postal Code:
<input style="width: 95%; height: 100%;" type="text"/>	<input style="width: 95%; height: 100%;" type="text"/>	<input style="width: 95%; height: 100%;" type="text"/>

18. **CERTIFICATION**

This form must be signed and dated by an individual with proper authorization for the business, for example, an owner, a partner of a partnership, a corporate director, a trustee of an estate or an individual with delegated authority.

By signing and dating this form, you authorize Tax and Revenue Administration (TRA) to deal with the individual or firm listed in Field 5 of this form. We may contact you to confirm the information provided.

The individual signing this form is:

- an owner a corporate director a partner of partnership a trustee of an estate
 an individual with delegated authority

E-mail Address: _____ Telephone: _____

Name: _____ Signature: _____