



Application for Retail Dealers Permit

PURSUANT TO THE TOBACCO TAX ACT

Northwest Territories

THIS APPLICATION IS TO BE COMPLETED IN ITS ENTIRETY AND AN ORIGINAL COPY RETURNED TO: TAX ADMINISTRATION, DEPT. OF FINANCE, GOVERNMENT OF THE N.W.T BOX 1320, YELLOWKNIFE, N.W.T. X1A 2L9. PLEASE ENSURE THAT THE APPLICATION IS SIGNED, AND THAT YOU PRINT PLAINLY WITH BLOCK LETTERS.

NAME OF APPLICANT

NAME UNDER WHICH BUSINESS IS CONDUCTED

LOCATION OF BUSINESS

MAILING ADDRESS

DO YOU, IN THE NORTHWEST TERRITORIES:

Please Circle Best Answer

(a) SELL TOBACCO WHOLESAL: YES NO FREQUENCY (if yes) REGULARLY OCCASIONALLY

(b) SELL TOBACCO AT RETAIL: REGULARLY / OCCASIONALLY / SEASONALLY / YEAR ROUND

IF SEASONAL, STATE PERIOD

STATE NAMES AND ADDRESSES OF WHOLESALERS SUPPLYING YOU WITH TOBACCO:

TYPE OF SALES OUTLETS OPERATED:

Please Circle Best Answer

(a) WAREHOUSE(S) RETAIL STORES VENDING MACHINES OTHER (Specify)

(b) IF VENDING MACHINE(S), SPECIFY NUMBER(S):

FULL ADDRESS OFF EACH SALES OUTLET OPERATED BY YOU:

Attach Separate Sheet If Necessary

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND ARE GIVEN FOR THE EXPRESS PURPOSE OF OBTAINING A RETAIL DEALER'S PERMIT UNDER THE TOBACCO TAX ACT OF THE NWT, AND I UNDERTAKE TO COMPLY WITH THE ABOVE PROVISIONS OF THE TOBACCO TAX ACT, AND THE REGULATIONS MADE THEREUNDER.

DATED AT _____

SIGNED _____

THIS _____ **DAY OF** _____ **20** _____

TITLE _____

If the applicant is a corporation, the application shall be under the seal of the corporation and shall be signed by the proper officer or officers duly authorized in that regard. If a partnership, signatures of all partners are required.