



Application for a Wholesale Dealers Permit

Northwest
Territories

PURSUANT TO THE TOBACCO TAX ACT

THIS APPLICATION IS TO BE COMPLETED IN ITS ENTIRETY WITH THE ORIGINAL COPY FORWARDED TO TAX ADMINISTRATION, DEPARTMENT OF FINANCE, GOVERNMENT OF THE N.W.T., BOX 1320 YELLOWKNIFE, NT X1A 2L9. ALL QUESTIONS MUST BE ANSWERED AND APPLICATION PROPERLY SIGNED.

NAME OF APPLICANT (Print surname(s) first) (if partnership, names of all partners; if corporation, corporation's name) *

NAME UNDER WHICH BUSINESS IS CONDUCTED

LOCATION OF BUSINESS

MAILING ADDRESS (if different from above)

DO YOU, IN THE NORTHWEST TERRITORIES:

Please Circle Best Answer

- | | | |
|--|-----------|--------------|
| (a) MANUFACTURE AND SELL TOBACCO TO: | WHOLESALE | RETAIL |
| (b) SELL TOBACCO AT WHOLESALE: | REGULARLY | OCCASIONALLY |
| (c) SELL TOBACCO AT RETAIL: | REGULARLY | OCCASIONALLY |
| (d) EXPORT TOBACCO FROM THE N.W.T. TO ANY OTHER PROVINCE OR TERRITORY: | YES | NO |

IF ANSWER TO (d) IS YES, GIVE FREQUENCY AND LIST OF COMPANIES YOU SUPPLY:

TYPE OF SALES OUTLETS OPERATED:

Please Circle Best Answer

- (a) WAREHOUSE(S) RETAIL STORES VENDING MACHINES OTHER (specify)

TYPE OF SALES OUTLETS SUPPLIED:

Please Circle Best Answer

- (a) WAREHOUSE(S) RETAIL STORES VENDING MACHINES OTHER (specify)

FULL ADDRESS OF EACH SALES OUTLET OPERATED BY YOU:

*Attach Separate
Sheet If Necessary*

FULL ADDRESS OF EACH SALES OUTLET OPERATED BY YOU:

*Attach Separate
Sheet If Necessary*

(*) 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.

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 WHOLESALE DEALER'S PERMIT UNDER THE TOBACCO TAX ACT, AND I UNDERTAKE TO COMPLY WITH THE PROVISIONS OF THE TOBACCO TAX ACT, AND THE REGULATIONS MADE THEREUNDER.

DATED AT _____ **THIS** _____ **DAY OF** _____ **20**_____

SIGNATURE _____ **TITLE** _____

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