

**FOR OFFICE USE ONLY**

Permit Number \_\_\_\_\_

Date: \_\_\_\_\_

Trade Name (In Full)	
Business Physical Location	
Mailing Address of Business	Phone
	FAX
List Owners	

**I hereby make application for a permit under Section 5 of the Tobacco Tax Act, to act as a dealer in tobacco and to collect tobacco tax.**

The following questions must be answered:

1. Do you manufacture or sell tobacco to wholesalers? yes    no  

To retailers? yes    no
  2. Do you sell tobacco at wholesale? yes    no
  3. Do you sell tobacco at retail? yes    no
  4. Do you obtain tobacco from outside the Yukon? yes    no
  5. Who are your normal suppliers? (give names and addresses, and attach an extra sheet of paper if necessary)
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6. Type of sales outlet? **LIST ALL LOCATIONS** in which tobacco is sold if different from above  
(give names and addresses, and attach an extra sheet of paper if necessary)
    - 1 Warehouse

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    - 2 Retail store

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    - 3 Vending machines

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    - 4 Others

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**Inspection/Authorization**

Section 9 of the Tobacco Tax Act — Inspection — It is understood that a person authorized by the Commissioner of the Yukon may enter, at a reasonable time, the business premises where records are kept.

**Certification**

I hereby certify that the above statements are true to the best of my knowledge and belief, and I undertake to comply with the provisions of the Tobacco Tax Act, and the regulations made thereunder. (Each Partner in case of Partnership, Authorized Officer if a Corporation.)

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year)

Signed \_\_\_\_\_ Title \_\_\_\_\_

Signed \_\_\_\_\_ Title \_\_\_\_\_

Mail this application to: Deputy Head, Department of Finance, Yukon Government  
 Box 2703, Whitehorse, Yukon, Y1A 2C6  
 Phone (867) 667-5345 FAX (867) 393-6217

**NO FEE IS REQUIRED FOR A PERMIT**