



TOBACCO/VAPOUR PRODUCTS RETAILER INFORMATION

Personal Information on this form is collected for the operations of this program. Personal information will be used and disclosed in accordance with the privacy protection provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of this information, call 250-519-1870.

Status	<input type="checkbox"/> New Business		<input type="checkbox"/> Ownership Change	
	<input type="checkbox"/> Business Name Change		<input type="checkbox"/> Other: _____	
<i>*For a business that sells Tobacco Products, a current and valid Tobacco Retail Authorization is required</i>				
Product	<input type="checkbox"/> Tobacco & Vapour Products		<input type="checkbox"/> Tobacco Products Only	
<input type="checkbox"/> Vapour Products				
Business	Business Name ("doing business as")			
	Business Address		City	Postal Code
	Telephone	Email		Fax
Business Owner	Legal Name (name on Tobacco Retail Authorization, if applicable)			
	Mailing Address		City	Postal Code
	Telephone	Email		Fax
	<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other: _____			
Business/ Manager Contact	Manager Contact Person			
	Mailing Address		City	Postal Code
	Telephone	Email		Fax
	<input type="checkbox"/> same as business owner above			
Business Type	<input type="checkbox"/> Convenience Store <input type="checkbox"/> Gas Station <input type="checkbox"/> Drug Store <input type="checkbox"/> Supermarket <input type="checkbox"/> Hotel/Motel		<input type="checkbox"/> Pub/Lounge <input type="checkbox"/> Restaurant <input type="checkbox"/> Smoke Shop <input type="checkbox"/> Beer & Wine Store <input type="checkbox"/> Casino/Bingo Hall	
			<input type="checkbox"/> Department Store <input type="checkbox"/> Newsstand <input type="checkbox"/> Vapour Shop <input type="checkbox"/> Other: _____	
	<input type="checkbox"/> Vending Machine Vending Machine Location: _____			
Form Completed By	Name		Position	
	Date Form Completed (YYYY/MM/DD)			
Additional Information	Tobacco Retailer Authorization Number (if applicable)			
	Date of Opening of Business (YYYY/MM/DD)			
	Additional Information (if required)			