



TOBACCO FACILITY 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 250 952-1673.

STATUS: [ ] NEW FACILITY [ ] OWNERSHIP CHANGE (NEW RETAILER NUMBER) [ ] FACILITY NAME CHANGE [ ] OTHER

FACILITY

Form with fields: FACILITY NAME, FACILITY PHYSICAL ADDRESS, TELEPHONE, FACILITY NUMBER, CITY, RETAILER NUMBER, EMAIL, POSTAL CODE. Includes checkboxes for CHAIN and FRANCHISE.

FACILITY OWNER

Form with fields: LEGAL NAME, MAILING ADDRESS, TELEPHONE, TOBACCO RETAILER AUTHORIZATION # (TRA), CITY, POSTAL CODE, EMAIL. Includes checkboxes for SOLE PROPRIETOR, PARTNERSHIP, CORPORATION, LIMITED PARTNERSHIP, SOCIETY.

FACILITY MANAGER / CONTACT

Form with fields: NAME, MAILING ADDRESS, LICENSEE CONTACT PERSON, TELEPHONE, FAX, CITY, POSTAL CODE, EMAIL.

ADDITIONAL INFORMATION

Large empty rectangular box for additional information.

TYPE OF RETAILER

Form with 18 numbered checkboxes for retailer types (e.g., 01 CONVENIENCE STORE, 02 GAS STATION, etc.) and sections for VENDING MACHINE and VENDING MACHINE LOCATION.

Form with fields: NAME OF TOBACCO ENFORCEMENT OFFICER, CERTIFICATE OF REGISTRATION # (PST), BUSINESS LICENSE # / MUNICIPALITY.

INFORMATION PROVIDED BY:

Form with fields: NAME, POSITION, ENFORCEMENT OFFICER'S NAME/ SIGNATURE, DATE (YYYY / MM / DD), DATE OF OPENING / CHANGE (YYYY / MM / DD).