



# APPLICATION FOR TOBACCO RETAIL AUTHORIZATION

under the *Tobacco Tax Act*

If you intend to sell tobacco products at retail, you must hold a valid *Tobacco Retail Authorization* (TRA) certificate. To apply for a TRA certificate use this form or apply online using eTaxBC at [gov.bc.ca/etaxbc/myaccount](http://gov.bc.ca/etaxbc/myaccount)

The TRA certificate is not transferable and you must display a separate certificate with a unique permit number at each location where you sell tobacco at retail. If you require additional information, see **Bulletin TTA 003**, *Tobacco Retailers*.

## COMPLETING YOUR APPLICATION

### Item 1

If your business is incorporated under the *Business Corporations Act* or other legislation, enter the name as it appears on the incorporation certificate.

### Item 2

A Business Number (BN) is a unique 9-digit number provided by Canada Revenue Agency (CRA) to identify your business by various government agencies. For more information, contact the CRA toll-free at 1 800 959-5525 or visit their website at [cra-arc.gc.ca](http://cra-arc.gc.ca)

### Item 3

Provide the location of the business. A separate mailing address can be listed, if different.

## SUBMIT YOUR APPLICATION

**Fax:** 250 387-1852

**Mail:** PO Box 9442 Stn Prov Govt  
Victoria BC V8W 9V4

**Email:** [TobaccoTax@gov.bc.ca](mailto:TobaccoTax@gov.bc.ca)

You can also submit your application in person at your nearest **Service BC Centre**.

If you fax or email your application, **do not** mail the original. If you mail or deliver the completed form, take a photocopy for your records.

If you email your completed application form, remember to print and sign the form before attaching it to an email. Although we will take reasonable steps to protect all information once received, we cannot guarantee the absolute safety of personal information during transmission by email.

**If your application is approved, we will send you the permit.**

If you are not eligible, or your application contains incomplete information, we will contact you.

### NEED MORE INFO?

Online: [gov.bc.ca/consumertaxes](http://gov.bc.ca/consumertaxes)  
Toll-free in Canada: 1 877 388-4440  
Email: [TobaccoTax@gov.bc.ca](mailto:TobaccoTax@gov.bc.ca)

Or see **Bulletin TTA 003**, *Tobacco Retailers*.  
You can access all our forms and bulletins online at [gov.bc.ca/consumertaxes](http://gov.bc.ca/consumertaxes) (go to **Tobacco Tax** and then **Forms and Publications**).



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INSTRUCTIONS:

- Read the instructions on Page 1 before completing this form.
Attach additional sheets if more space is required.
If you require additional information, call us toll-free at 1 877 388-4440

Freedom of Information and Protection of Privacy Act (FOIPPA) The personal information on this form is collected for the purpose of administering the Tobacco Tax Act under the authority of section 26(a) of the FOIPPA.

1 Type of Ownership and Name - Choose One Only
CORPORATION
SOLE PROPRIETOR
PARTNERSHIP
SOCIETY
ASSOCIATION

2 BUSINESS NUMBER (if applicable)
NAME UNDER WHICH BUSINESS IS CONDUCTED ("doing business as" name)

3 PHYSICAL LOCATION OF BUSINESS (include street and city)
POSTAL CODE

BUSINESS MAILING ADDRESS (if different from above; include street or PO box, city, province and country)
POSTAL / ZIP CODE

C/O
BUSINESS TELEPHONE NUMBER
BUSINESS FAX NUMBER
EMAIL ADDRESS
WEBSITE ADDRESS

BUSINESS CONTACT NAME
BUSINESS CONTACT TELEPHONE NUMBER (if different from above)

DESCRIBE THE PRIMARY NATURE OF YOUR BUSINESS (e.g. convenience store, bar, etc.)
DESCRIBE THE TYPE OF TOBACCO PRODUCTS SOLD

DATE TOBACCO SALES WILL START
ANNUAL SALES
SEASONAL
HOURS OF OPERATION

Number of locations in BC. Each additional location requires a Tobacco Retail Authorization. Supply a list of the locations (include complete address) for which you require a Tobacco Retail Authorization. Attach list of locations to this application.

Certification - By completing this document, you are certifying that all the information it contains is true and complete. You are advised that false information may result in penalties and/or prosecution.

NAME (please print)
SIGNATURE
TITLE / POSITION IN COMPANY
DATE SIGNED

Authorize a Representative - If you want to have another person such as your spouse, other family member, accountant or lawyer act as your representative, you must complete and attach an Authorization or Cancellation of a Representative form (FIN 151)