



**APPLICATION FOR TOBACCO POSSESSION PERMIT UNDER CLAUSE 4.1  
(For Use By A Customs Bonded Warehouse Licence Holder)**

Please complete the following application by answering all the questions. **Attach a schedule if space is insufficient.**  
The information supplied will be used to approve your application for possession of tobacco permit under *The Tobacco Tax Act*.

1. LEGAL NAME OF APPLICANT		FEDERAL BUSINESS No. (9-DIGIT BN)	
2. OPERATING AS NAME (COMPLETE ONLY IF DIFFERENT FROM LEGAL NAME)			
3. IF APPLICANT IS A CORPORATION, PROVINCE / STATE / COUNTRY WHERE INCORPORATED			
4. LOCATION OF APPLICANT'S WAREHOUSE (ACTUAL LOCATION WHERE WAREHOUSE IS LOCATED)			
NUMBER, STREET OR LOCATION		CITY, TOWN	POSTAL CODE
5. MAILING ADDRESS (COMPLETE ONLY IF DIFFERENT FROM ITEM 4)			
NUMBER, STREET OR LOCATION		CITY, TOWN	PROVINCE/STATE
			POSTAL CODE/ZIP CODE
6. LOCATION OF PERPETUAL INVENTORY RECORDS & CANADA CUSTOMS REPORTING FORMS (COMPLETE IF DIFFERENT FROM ITEM 4)			
NUMBER, STREET OR LOCATION		CITY, TOWN	PROVINCE/STATE
			POSTAL CODE/ZIP CODE
7. TELEPHONE NUMBER ( )		FAX NUMBER ( )	EMAIL
8. AUTHORIZED CONTACT NAMES (PROVIDE TELEPHONE / FAX / EMAIL IF DIFFERENT THAN ITEM 7)			
9. OWNER(S) OF APPLICANT, INCLUDING NAMES OF ALL SHAREHOLDERS OF PRIVATE CORPORATION			
NAME	ADDRESS		BIRTHDATE (If Individual)
10. DIRECTORS, IF APPLICANT IS A CORPORATION			
NAME	TITLE/POSITION		BIRTHDATE
11. DESCRIPTION OF BUSINESS – ATTACH DETAILED BUSINESS PLAN			
12. APPLICANT'S FEDERAL CUSTOMS BONDED WAREHOUSE LICENCE NO. (ATTACH COPY) _____			
13. EFFECTIVE DATE OF FEDERAL CUSTOMS BONDED WAREHOUSE LICENCE _____			
14. TOBACCO TO BE WAREHOUSED WILL BE IMPORTED BY <input type="checkbox"/> APPLICANT ONLY <input type="checkbox"/> APPLICANT AND OTHERS			
15. DOMESTIC TOBACCO IN BOND TO BE WAREHOUSED BY <input type="checkbox"/> APPLICANT ONLY <input type="checkbox"/> APPLICANT AND OTHERS			
16. NAMES / TYPE OF ACTIVITY OF THOSE OTHER THAN THE APPLICANT IMPORTING TOBACCO / WAREHOUSING DOMESTIC TOBACCO			
NAME	IMPORTING	DOMESTIC TOBACCO	ADDRESS
17. TYPES OF TOBACCO TO BE WAREHOUSED / EX-WAREHOUSED			
<input type="checkbox"/> CIGARETTES <input type="checkbox"/> FINE CUT <input type="checkbox"/> CIGARS <input type="checkbox"/> RAW LEAF <input type="checkbox"/> OTHER (PROVIDE DESCRIPTION)			
18. TOBACCO TO BE EX-WAREHOUSED FOR:			
<input type="checkbox"/> CONSUMPTION <input type="checkbox"/> SHIPS STORES <input type="checkbox"/> EXPORT <input type="checkbox"/> SALE TO DIPLOMATS <input type="checkbox"/> TRANSFER IN BOND			
19. CERTIFICATION:			
<b>ON BEHALF OF THE ABOVE NAMED APPLICANT I HEREBY APPLY FOR A TOBACCO POSSESSION PERMIT UNDER CLAUSE 4.1 OF THE TOBACCO TAX ACT, AND CERTIFY THAT ALL INFORMATION PROVIDED ON THIS FORM AND ANY ANCILLARY INFORMATION IS TRUE AND COMPLETE.</b>			
AUTHORIZED SIGNATURE _____		DATE _____	
PRINT NAME _____		TITLE _____	