

Tobacco & Vapour Product Facility Information

Tobacco Vapour Enforcement

What Are You Changing?	<input type="checkbox"/> New Facility <input type="checkbox"/> Facility Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Ownership Change (New Retailer Number) <input type="checkbox"/> Product and /or Access (Category)		
Facility Information	Facility Name		
	Address		City Postal Code
	Phone	Fax	Email
Owner Information	Legal Business Name		
	Address		City Postal Code
	Phone	Fax	Email
	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Society		
	Owner Contact		Phone
Facility Manager Contact	Name		Phone
	Email		Fax
	Address (if different from site address)		City Postal Code
Facility Category	<input type="checkbox"/> Tobacco and Vapour Products - Retail <input type="checkbox"/> Tobacco and Vapour Products - Age Restricted <input type="checkbox"/> Tobacco Only - Retail <input type="checkbox"/> Vapour Products Only - Retail <input type="checkbox"/> Tobacco Only - Age Restricted <input type="checkbox"/> Vapour Products Only - Age Restricted		
Type Of Store	<input type="checkbox"/> Casino-Bingo Hall <input type="checkbox"/> Hotel-Resort-RV <input type="checkbox"/> Smoke Shop <input type="checkbox"/> Convenience Store <input type="checkbox"/> Liquor Store <input type="checkbox"/> Supermarket <input type="checkbox"/> Department Store <input type="checkbox"/> Pharmacy <input type="checkbox"/> Vape Store <input type="checkbox"/> Gas Station <input type="checkbox"/> Pub-Bar-Nightclub <input type="checkbox"/> Vending Machine <input type="checkbox"/> Golf Course <input type="checkbox"/> Restaurant <input type="checkbox"/> Other _____		

Business Start Date	Facility Number
Tobacco Enforcement Officer	
Applicant Signature	Date (dd/mm/yyyy)