

## Instructions

- To register a business as a Tobacconist with the board of health for the public health unit in which your business is located, or renew an existing registration, the following forms must be completed:
  - Application for Registration as a Tobacconist
  - Statement of Professional Accountant
- The **Application for Registration as a Tobacconist** form must be completed by the business owner.
- The **Statement of Professional Accountant** form must be completed and certified by a certified professional accountant.
  - For businesses in operation for more than one year, the accountant must complete **Part A for the 12 month period preceding the registration, and complete Part D on the Statement of Professional Accountant** form.
  - For businesses in operation for less than one year, the accountant must complete **Part A or Part B for the period in which the business has been in operation**, and complete **Part D** on the **Statement of Professional Accountant**.
  - For businesses that were registered as tobacconists with the Ministry of Health and Long-Term Care as of October 16, 2018 under the previous *Smoke-Free Ontario Act (2006)*, and were not previously registered with the board of health under the *Smoke-Free Ontario Act, 2017*, the accountant must complete **Part C**, and complete **Part D** on the **Statement of Professional Accountant**.
- Applications will not be considered if the **Statement of Professional Accountant** is not completed by a licensed professional accountant.
- The completed forms must be sent to the board of health for the public health unit in which your business located. To find the public health unit serving your region, please visit their website at:  
[http://www.health.gov.on.ca/en/common/system/services/phu/location\\_areas.aspx](http://www.health.gov.on.ca/en/common/system/services/phu/location_areas.aspx).
- **Note:** Failure to provide all required information may result in a delay in processing the application, or the rejection of the application.
- For help completing this form, please refer to the **Guidelines for Registration as a Tobacconist**.

## Application for Registration as a Tobacconist

To be completed by owner of business.

1. **Date of Application (yyyy/mm/dd)** \_\_\_\_\_

### 2. Reason for Application

New application for registration as a tobacconist     Tobacconist registration renewal

### 3. Particulars of Contact

Legal Name

Business or Operating Name

#### Business Address

Unit Number	Street Number	Street Name	PO Box
City/Town		Province	Postal Code

#### Owner Contact Information

Last Name	First Name	Middle Initial
Telephone	Email	

### 4. Requirements

#### Complete this section if you are registering as a tobacconist

Is your place of business a building or located inside a building?

Yes     No

Is your place of business accessible to customers only from the outdoors?

Yes     No

Is your place of business accessible to customers from the areas of an enclosed shopping mall that are open to the public, common to most of the retail establishments within the mall, and not part of any other establishment or other businesses within the mall (e.g. a shopping mall concourse)?

Yes     No

Can a person enter your place of business in order to pass through to access another business or an enclosed public space (if so, please provide details and attach a sketched layout of your business premises)?

Yes     No

Are specialty tobacco products or promotional material visible from outside the business at any time of day?

Yes     No

Do you have a policy to ensure that persons who are less than 19 years old are not able to enter your place of business (except for employees of the store who are less than 19, and support persons who are less than 19 accompanying a person with a disability who is at least 19 years old)?

Yes     No

## 5. Certification

By submitting this application, the applicant agrees that at any time during the application process or following registration as a Tobacconist, the Board of Health may request the applicant to submit any records on which this application was based, and on which continuing registration is based.

I certify that the information provided in this application and in any attached documents is correct, and complete

\_\_\_\_\_  
Print name and sign

I have the authority to bind the owner

\_\_\_\_\_  
Date (yyyy/mm/dd)

The information that you submit will be kept confidential except as necessary for the purposes of the administration and enforcement of the *Smoke-Free Ontario Act, 2017*, and subject to the *Municipal Freedom of Information and Protection of Privacy Act*.

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**Statement of Professional Accountant**

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To be completed by a licensed professional accountant.

In the application to be registered as a Tobacconist/Specialty Vape Store with the Board of Health submitted by:

Proprietor/Owner Name \_\_\_\_\_

Of (Legal and Business Name) \_\_\_\_\_

On (Date) \_\_\_\_\_

For Location \_\_\_\_\_

I, \_\_\_\_\_, certify as true the following:

**A) Gross Sales Revenue**

For the 12 month period (yyyy/mm/dd) \_\_\_\_\_ to (yyyy/mm/dd) \_\_\_\_\_ preceding the registration:

Gross sales revenue for the above business was \_\_\_\_\_

During the same time period, gross sales revenue of specialty tobacco products was \_\_\_\_\_

- Or -

**B) Inventory Purchases**

As the above business has been in operation for less than one year, for the time period (yyyy/mm/dd) \_\_\_\_\_

to (yyyy/mm/dd) \_\_\_\_\_ (the time period in which the business has been in operation)

The inventory purchases for the above business was \_\_\_\_\_

During the same time period, inventory purchases of specialty tobacco products was \_\_\_\_\_

- Or -

**C) Current Inventory**

The above business was previously registered as a Tobacconist with the Ministry of Health and Long-Term Care as of October 16, 2018.

At the time of this registration, the total value of the business's inventory was \_\_\_\_\_

At the time of this registration, the total value of the business's inventory consisting of specialty tobacco products was \_\_\_\_\_

- And -

**D) Remaining Revenue/Inventory**

For the above time period, the remainder of the establishment's gross sales revenue, inventory purchases or existing inventory (as applicable) consisted of cigarettes within the meaning of the *Tobacco Tax Act* or other items reasonably associated with a tobacco product or branded with the name of the tobacconist or brand of tobacco.

Yes    No    N/A

\_\_\_\_\_   
 Print Name and sign (accountant)

\_\_\_\_\_   
 Date (yyyy/mm/dd)

Licensed Accounting Designation \_\_\_\_\_

Designation Number \_\_\_\_\_