



Carleton Grant, Executive Director Municipal Licensing and Standards **East York Civic Centre** 850 Coxwell Avenue, 3rd Floor Toronto Ontario M4C 5R1

Fax: 416-392-4515 www.toronto.ca/licences MLSBusinessLicence@toronto.ca

Smoke Shop (B45) Operating Information Questionnaire

| Cigars, Cigarette licence number: | ective business licence with the City of Toronto and are looking to add as and Tobacco to your existing licence, please provide the business (Example: B50-1234567) requests for a Smoke Shop will be treated as a separate licence application |
|-----------------------------------|--|
| 1. Do you sell | cigars, cigarettes or tobacco? |
| O Ye | S |
| O No | |
| 2. Do you sell (Foodstuffs | foodstuffs? are prepacked food and drinks. For example chips, pop etc.) |
| O Ye | S |
| O No | |
| 3. Do you sell | vapour products? |
| O Ye | S |
| O No | |
| 4. What is the | square footage of your business premises? |
| | parking spaces do you have designated to your business? e that street parking or shared parking does not apply to this question) |
| Date: | |
| Client Name: | |
| Client Signature: | |