

# TOBACCO FACILITY INFORMATION

Personal information on this form is collected for the operations of this program. Personal information will be used and disclosed in accordance with the privacy protection provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of this information, call 250 952-1673.

**STATUS:**  NEW FACILITY  OWNERSHIP CHANGE (NEW RETAILER NUMBER)  FACILITY NAME CHANGE  OTHER

## FACILITY

FACILITY NAME		<input type="checkbox"/> CHAIN <input type="checkbox"/> FRANCHISE	
FACILITY PHYSICAL ADDRESS		CITY	POSTAL CODE
TELEPHONE	FAX	EMAIL	
FACILITY NUMBER		RETAILER NUMBER	

## FACILITY OWNER

LEGAL NAME		TOBACCO RETAILER AUTHORIZATION # (TRA)		<input type="checkbox"/> SOLE PROPRIETOR	
MAILING ADDRESS		CITY	POSTAL CODE	<input type="checkbox"/> PARTNERSHIP	
TELEPHONE		FAX	EMAIL	<input type="checkbox"/> CORPORATION	
				<input type="checkbox"/> LIMITED PARTNERSHIP	
				<input type="checkbox"/> SOCIETY	

## FACILITY MANAGER / CONTACT

NAME	TELEPHONE	FAX	EMAIL
MAILING ADDRESS		CITY	POSTAL CODE
LICENSEE CONTACT PERSON			TELEPHONE

## ADDITIONAL INFORMATION


## TYPE OF RETAILER

<input type="checkbox"/> 01 CONVENIENCE STORE	<input type="checkbox"/> 06 PUB / LOUNGE	<input type="checkbox"/> 11 BOWLING ALLEY	<input type="checkbox"/> 16 POOL HALL
<input type="checkbox"/> 02 GAS STATION	<input type="checkbox"/> 07 RESTAURANT	<input type="checkbox"/> 12 DEPARTMENT STORE	<input type="checkbox"/> 17 NEWS STAND
<input type="checkbox"/> 03 DRUG STORE	<input type="checkbox"/> 08 SMOKE SHOP	<input type="checkbox"/> 13 LAUNDROMAT	<input type="checkbox"/> 18 OTHER _____
<input type="checkbox"/> 04 SUPERMARKET	<input type="checkbox"/> 09 BEER & WINE STORE	<input type="checkbox"/> 14 MOBILE TRUCK	
<input type="checkbox"/> 05 HOTEL / MOTEL	<input type="checkbox"/> 10 BINGO HALL / CASINO	<input type="checkbox"/> 15 NIGHT CLUB	
VENDING MACHINE <input type="checkbox"/> YES <input type="checkbox"/> NO		VENDING MACHINE LOCATION	

NAME OF TOBACCO ENFORCEMENT OFFICER	CERTIFICATE OF REGISTRATION # (PST)	BUSINESS LICENSE # / MUNICIPALITY
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## INFORMATION PROVIDED BY:

NAME	ENFORCEMENT OFFICER'S NAME/ SIGNATURE		
POSITION	DATE (YYYY / MM / DD)	DATE OF OPENING / CHANGE (YYYY / MM / DD)	