

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: _____ P^@C] @^AÖK

Facility

Facility name		<input type="checkbox"/> Chain <input type="checkbox"/> Franchise	
Facility physical address		City	Postal code
Telephone	Fax	Email	

Facility owner (if different from above)

Legal name		Tobacco retailer authorization # (TRA)		<input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited partnership <input type="checkbox"/> Society
Mailing address		City	Postal code	
Telephone	Fax	Email		

Facility manager/contact

Name	Telephone	Fax	Email	
Mailing address			City	Postal code

Additional information

Type of retailer Tobacco Vapour Both tobacco and vapour

<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 vapour shop
<input type="checkbox"/> 04 supermarket	<input type="checkbox"/> 09 beer and wine store	<input type="checkbox"/> 14 mobile truck	<input type="checkbox"/> 19 other: _____
<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(s)	

Information provided by:

Name	Enforcement officer's name	
	Enforcement officer's signature	
Position	Date (YYYYMMDD)	Date of opening/change (YYYYMMDD)

Northwest
3412 Kalum Street,
Terrace, BC, V8G 4T2
Phone: 250-631-4222

Northern interior
4th Floor - 1600 - 3rd Avenue,
Prince George, BC, V2L 3G6
Phone: 250-565-2150

Northeast
1001-110th Avenue,
Dawson Creek, BC, V1g 4x3
Phone: 250-719-6500

