

Instructions

- To register a business as a Specialty Vape Store under the *Smoke-Free Ontario Act*, 2017 in the province of Ontario, or renew an existing registration, the following forms must be completed and submitted to the board of health of the public health unit in which the business is located:
 - Application for Registration as a Specialty Vape Store
 - Statement of Professional Accountant
- The Application for Registration as a Specialty Vape Store form must be completed by the business owner(s).
- The **Statement of Professional Accountant** form must be completed by a Chartered Professional Accountant (CPA) or a CPA firm authorized to practice in the place where the business or business' head office is located.
- Applications will not be accepted if the Statement of Professional Accountant is not completed by a CPA or CPA firm.
 To verify if an accountant is a CPA, please visit CPA Ontario's website and select the Member Directory: <u>https://myportal.cpaontario.ca/s/searchdirectory?id=a2O0A0000003XmW</u>
- Contact information for public health units can be found at: <u>http://www.health.gov.on.ca/en/common/system/services/phu/location_areas.aspx</u>
- **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 Specialty Vape Store** available at: <u>https://www.ontario.ca/page/guidelines-registration-specialty-vape-store</u>

Application for Registration as a Specialty Vape Store					
To be completed by	y owner of bu	siness.			
1. Date of Applica	tion (yyyy/m	m/dd) _			
2. Reason for App	lication				
New application	for registratio	on as a	Specialty Vape Store	Renewal of existing Specialty Vape Stor	e registration
3. Particulars of C	ontact				
Legal Name					
Business or Operat	ting Name				
CRA Business Nun	nber				
Business Address	6				
Unit Number	Street Numb	ber	Street Name		PO Box
City/Town			Province	Postal Code	
Owner Contact Inf	formation				
Last Name			First Name	Middle Initial	
Telephone		Email			<u> </u>
4. Requirements	ľ				
Complete this sec	tion if you a	re regis	stering as a Specialty V	/ape Store.	
Is the place of business a building or located inside a building?					
Is the place of busin	ness accessit	ble to cu	ustomers only from the o	utdoors?	
	the retail est	ablishm	ents within the mall, and	of an enclosed shopping mall that are open t I not part of any other retail establishment or o	
-	•		ss in order to pass throug sketched layout of the bu	gh to access another business or an enclosed isiness premises.	I public space? If
	or employees	of the s	tore who are less than 1	e less than 19 years old are not able to enter t 9, and support persons who are less than 19	
Are vapour product displays or promotions visible from outside the place of business of the specialty vape store at any time of day?					

5. Certification

By submitting this application, the applicant agrees that at any time during the application process or following registration as a Specialty Vape Store, the Board of Health may request that the applicant 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 business

Date (yyyy/mm/dd)

The information submitted 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.*

Note: Specialty Vape Store retailers who sell tobacco products for use with electronic cigarettes (e.g., Heat-Not-Burn) are required to have a Tobacco Retail Dealer's Permit. Please contact the Ministry of Finance for more information at 1-866-ONT-TAXS (1-866-668-8297).

Statement of Professional Accountant

To be completed by a Chartered Professional Accountant (CPA) or a CPA firm.

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

Business Owner's Name
Of (Legal and Business Names)
On (Date)
For Location

Notice to Reader

On the basis of the information provided by the business described above (the "Business"), I have compiled the Statement of Vapour Product Sales [or inventory, if applicable] in connection with the Business' application to register as a Specialty Vape Store.

I have not performed an audit or a review engagement of this financial information and, accordingly, I express no assurance thereon.

It is understood that this report is to be used solely in connection with the application of the Business to register as a Specialty Vape Store, and should not be used by anyone other than the specified users.

Signature ((CPA or	CPA firm)
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Date (yyyy/mm/dd)

City

Full name of CPA or CPA firm

Address					
Unit Number	Street Number	Street Name		PO Box	
City/Town			Province	Postal Code	
Telephone	Email				
CPA Member Number or CPA Firm Number					

Statement of Vapour Product Sales

Business Name

12 month period¹ from (yyyy/mm/dd) _____ to (yyyy/mm/dd) _____

Total sales ² (Amount A)	\$
Total sales ² from vapour products (Amount B)	\$
Percentage of the vapour product sales to the total sales for the 12 month period (Amount B divided by Amount A = C)	%
Remaining sales are from or consist of other items reasonably associated with a vapour product or branded with the name of the specialty vape store or a brand of vapour product	
(100% less C)	%

Note 1: The time period may be shorter, if the business has been in operation for less than 12 months.

Note 2: Total inventory purchases can be reported, instead of total sales, for a business in operation for less than 12 months.