



Government of the Republic of Trinidad and Tobago

Ministry of Health

TOBACCO CONTROL UNIT

Special Programmes and Services Building,
Eric Williams Medical Sciences Complex, Mt. Hope

APPLICATION FOR A LICENCE TO MANUFACTURE/DISTRIBUTE/IMPORT/EXPORT/WHOLESALE TOBACCO AND TOBACCO PRODUCTS

In Accordance with the Tobacco Control Act (Chapter 30:04 of 2009)

FILLING INSTRUCTIONS:

1. Before completing this form, please visit the Ministry of Health's website at <https://health.gov.tt/services/tobacco-control/applicant-instructions-for-a-tobacco-license-revised-june-2020> to review the applicant instructions
2. In accordance with Section 10 (5) of the Act, this form is to be addressed to the Honourable Minister of Health and submitted in **duplicate** to the Tobacco Control Unit, Ministry of Health.
3. The form must be completed in **BLOCK LETTERS**.
4. Please note **all** fields are to be completed for the application to be considered by the Ministry of Health.
5. Ensure copies of all required supporting documents are attached to your form. [The list of required documents](#) and requirements for packaging and labelling of tobacco products is available on the Ministry of Health's website. A checklist is also provided with this form for ease of reference.
6. If the application is being submitted through a broker, please attach the mandatory authorization letter and a copy of one form of identification for this broker. Please see **Form A: Authorization Letter for Brokers/Persons Acting on Behalf of Applicants**.
7. Should you require further information or support, please contact the Tobacco Control Unit at tobaccocontrolunit@health.gov.tt or 1 868 226-7778 Ext. 6007/6008/6009.



1(868) 226-7778
Ext. 6005/6007/6008/6009



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In Accordance with the Tobacco Control Act (Chapter 30:04 of 2009)

NO:

**The Honourable Minister of Health
u.f.s The Manager, Tobacco Control Unit
Special Programmes and Services Building
Eric Williams Medical Science Complex
Mt. Hope
Trinidad, W.I.**

Dear Sir/Madam,

I/We, of
(NAME OF APPLICANT(S) IN BLOCK LETTERS) (NAME OF REGISTERED COMPANY)

do hereby apply to the Minister of Health for a licence to manufacture/ distribute/ import/ export/ tobacco products at wholesale.

The receipt of the prescribed fee of TT\$..... dollars and all required supporting documents are submitted with this application.

I/We declare that the particulars provided in this application are true and correct.

.....
Signature of Applicant **Date**

.....

*AFFIX COMPANY STAMP
HERE*

FOR OFFICIAL USE ONLY:

- All supporting documents received and originals verified Product sample(s) provided meet(s) all packaging and labelling requirements

Next Steps/Action to be taken:

Date of receipt of application: Signature of Officer:

Scheduled date of Inspection:



CHECKLIST OF REQUIRED DOCUMENTS/ITEMS

Please ensure you have attached the following required documents/items upon submission of your application:

No.	Document/Item	Required by Applicant Type				
		M	I	E	D	W
1.	Business Registration Certificate/Company Certificate of Incorporation	√	√	√	√	√
2.	Notice of Directors (<i>most up to date</i>)	√	√	√	√	√
3.	Annual Return (<i>most recent</i>)	√	√	√	√	√
4.	Copy of Applicant's ID/Passport/Driver's Permit	√	√	√	√	√
5.	Copy of ID/Passport/Driver's Permit of Broker/Person Acting on Behalf of Applicant (where applicable)	√	√	√	√	√
6.	BIR Number	√	√	√	√	√
7.	VAT Registration Number (<i>where applicable</i>)/VAT Clearance Certificate	√	√	√	√	√
8.	Original fee receipts from the District Revenue Office	√	√	√	√	√
9.	3D sample or printed image of product packaging with mandatory labelling requirements	√	√	√	√	√
10.	Product Specification Sheet (applicants to acquire from manufacturer)	√	√	√	√	√
11.	Material Safety Data Sheet (MSDS) (applicants to acquire from manufacturer)	√	√	√	√	√
12.	Deed/Rental Agreement for Registered Place of Business	√	√	√	√	√
13.	Company Floor Plan	√				√
14.	Town and Country Approval	√				
15.	Fire Inspection Certificate	√				√
16.	Occupational Health and Safety Plan	√				
17.	Emergency Response Plan	√				
18.	Machinery Listing	√				
19.	Previous licences issued by the Ministry of Health (<i>for renewals only</i>)	√	√	√	√	√
20.	Form A: Authorization Letter for Broker/Person Acting on Behalf of Applicant (<i>where applicable</i>)	√	√	√	√	√

NB: M- Manufacturer I- Importer E- Exporter D- Distributor W- Wholesaler



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SECTION I: APPLICANT DETAILS			
1.	Name of Applicant: (SURNAME) (FIRST NAME AND MIDDLE INITIAL)	
2.	ID/Passport/DP No:		
3.	Address:		
4.	Occupation:		
5.	Contact No:	E-mail:	

SECTION II: COMPANY DETAILS			
1.	Name of Company:		
2.	Company Type:	Sole Trader/ Partnership <input type="checkbox"/>	Limited Liability <input type="checkbox"/> Other <input type="checkbox"/>
3.	Business Registration/ Comp. Cert. of Inc. No:		
4.	BIR No:	VAT Registration No:	
5.	Company Address:	Please indicate if same as Section I.	
6.	Occupancy Status:	Private <input type="checkbox"/> Company Owned <input type="checkbox"/> Tenant <input type="checkbox"/>	Other <input type="checkbox"/> Please specify: _____
7.	Contact No:	E-mail:	



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SECTION III: NATURE OF BUSINESS/BUSINESS DETAILS

1. Applicant Type:

Licence	New	Renewal	Previous Licence No. if Renewal	Receipt No.
Manufacturer	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Importer	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Exporter	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Distributor	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Wholesaler	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

2. a Are there any other locations (branches/storage sites) other than the Company's address stated in Section II where the tobacco product(s) will be manufactured/stored/distributed? Yes No

If yes, please provide the address of each location and indicate the nature of use in the table below:

No.	Address of Site	Nature of Use		Site used Solely for Tobacco		If no, state items other than tobacco
		Manufacture	Storage/Distribution	Yes	No	
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

b For each of the above named sites, please indicate the occupancy status in the table below:

No.	Address of Site	Occupancy Status			
		Private	Company Owned	Tenant	Other (please state)
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



SECTION IV: PRODUCT DETAILS																											
1.	Name of Manufacturer:																										
2.	Manufacturer's Address:																										
3.	Contact No:		E-mail: <input type="text"/>																								
4.	Type/Description of Tobacco Product (s):	Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Cigarillos <input type="checkbox"/> Bidis <input type="checkbox"/> Other <input type="checkbox"/> Please specify: _____																									
5.	Please complete the product information in the table below: <table border="1" style="margin-top: 10px;"> <thead> <tr> <th>No.</th> <th>Trade Name of Product</th> <th>Registration Number</th> <th>Net Contents/ Number of Units per Carton</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td><td></td></tr> <tr><td>5.</td><td></td><td></td><td></td></tr> </tbody> </table>			No.	Trade Name of Product	Registration Number	Net Contents/ Number of Units per Carton	1.				2.				3.				4.				5.			
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