



Government of the Republic of Trinidad and Tobago

Ministry of Health

TOBACCO CONTROL UNIT

#4-6 Queen's Park East, Port of Spain 101002

CHECKLIST OF REQUIRED DOCUMENTS/ITEMS

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

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.	Notice of Address for the Company	√	√	√	√	√
4.	Annual Return (<i>most recent</i>)	√	√	√	√	√
5.	Form 45 Return of Beneficial Interest (most recent) or Form 46 for new companies	√	√	√	√	√
6.	Copy of Applicant's ID/Passport/Driver's Permit (2 forms of ID)	√	√	√	√	√
7.	Copy of ID/Passport/Driver's Permit of Broker/Person Acting on Behalf of Applicant (2 forms of ID where applicable)	√	√	√	√	√
8.	BIR Number	√	√	√	√	√
9.	VAT Registration Number (<i>where applicable</i>) /VAT Clearance Certificate	√	√	√	√	√
10.	Original fee receipts from the District Revenue Office	√	√	√	√	√
11.	3D sample or printed image of product packaging with mandatory labelling requirements	√	√	√		
12.	Product Specification Sheet (applicants to acquire from manufacturer)	√	√	√		
13.	Material Safety Data Sheet (MSDS) (applicants to acquire from manufacturer)	√				
14.	Evidence of application for and/or the trade name and registration number of the tobacco product from the Intellectual Property Office of the Ministry of the Attorney General and Legal Affairs	√	√	√		
15.	Deed/Rental Agreement/ Letter from Landlord for Registered Place of Business and locations of operations	√	√	√	√	√
16.	Company Floor Plan	√				√
17.	Town and Country Approval	√				
18.	Fire Inspection Certificate	√				√
19.	Occupational Health and Safety Plan	√				
20.	Emergency Response Plan	√				
21.	Machinery Listing	√				
22.	Previous licences issued by the Ministry of Health (<i>for renewals only</i>)	√	√	√	√	√
23.	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

Updated: December 2023



1 (868) 217-4664
Ext. 13830-13836



www.health.gov.tt



tobaccocontrolunit@health.gov.tt