



Government of the Republic of Trinidad and Tobago

Ministry of Health

TOBACCO CONTROL UNIT

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

**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 <http://www.health.gov.tt/search/default.aspx?q=application%20for%20tobacco%20licence> 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 can be found 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) 217-4664
Ext. 13830-13836



www.health.gov.tt



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NO:

**The Honourable Minister of Health
u.f.s The Manager, Tobacco Control Unit
#4-6 Queen's Park East
Port of Spain
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.

.....	<div style="border: 1px dotted black; padding: 10px; margin: 0 auto; width: 80%;"> <p><i>AFFIX COMPANY STAMP HERE</i></p> </div>
Signature of Applicant	Date	

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:



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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: <input type="text"/>

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: <input type="text"/>
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: <input type="text"/>



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:		
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:				
	No.	Trade Name of Product	Registration Number	Net Contents/ Number of Units per Carton	
	1.				
	2.				
	3.				
	4.				
	5.				

