



MINISTRY OF HEALTH

Government of the Republic of Trinidad and Tobago

OFFICE OF THE MANAGER, TOBACCO CONTROL UNIT

T: (868)-627-0010/12/14 Ext:1535 Cell 716- 9941

E-mail: tobaccocontrolunit@gov.tt

DATE:

No.....

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

THE TOBACCO CONTROL ACT (CHAPTER 30:04)

1. NAME OF APPLICANT:

.....
(Surname) (Other Names)

2. NAME OF COMPANY:

3. POSITION OF APPLICANT IN COMPANY.....

4. REGISTERED ADDRESS OF COMPANY or ADDRESS OF APPLICANT:

.....
.....

5. CONTACT:

Telephone/Cell: Fax:.....

E-mail:

www.health.gov.tt

#63, Park Street, Port of Spain, Republic of Trinidad and Tobago



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6. NATURE OF BUSINESS: *(tick where appropriate)*

IMPORTER	(\$6,000)	<input type="checkbox"/>
EXPORTER	(\$6,000)	<input type="checkbox"/>
DISTRIBUTER	(\$6,000)	<input type="checkbox"/>
MANUFACTURER	(\$12,000)	<input type="checkbox"/>
WHOLESALE	(\$6,000)	<input type="checkbox"/>

7. NAME AND ADDRESS OF MANUFACTURER OF TOBACCO PRODUCTS:

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8. TRADE NAME AND REGISTRATION NUMBER OF THE TOBACCO PRODUCTS:

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9. DESCRIPTION OF PRODUCT:

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

10. The receipt for the prescribed fee ofdollars is submitted with this application.

11. I/We declare that the particulars provided in this application are correct and fully stated.

.....
Name of applicant
(Block Letters)

.....
Signature of Applicant

COMPANY'S
STAMP

.....
Date