



FOR OFFICIAL USE ONLY

Date Received:

Registration Number:

APPLICATION FOR REGISTRATION AS A RETAILER (SRBP R1)

1. Name of Applicant: _____
(Legal Name of Business)

2. Mailing Address: _____

3. Name of Contact Person: _____
Title: _____

4. Telephone: _____ Fax: _____ Email: _____

5. **Store Information:**
Store name: _____
Street address: _____
Mailing address: _____

6. Is the business GST registered? Yes No

Number of single-use retail bags in store inventory at time of application: _____

NB: *If registering on behalf of multiple stores, please provide the information requested in question (5) for each individual store. Please attach additional pages if necessary.*

7. For registration of multiple stores, total number of stores being registered with this application: _____

8. Distributor Information

Distributor name: _____

Contact Person: _____

Title: _____

Mailing address: _____

Telephone: _____ Fax: _____ Email: _____

How long has this distributor been your supplier of single-use retail bags?

If your business is supplied by multiple distributors, please provide the information requested in question (8) for each distributor.

If registering on behalf of multiple stores that are served by different distributors, please indicate which stores are served by each distributor.

CERTIFICATION

I/We hereby certify that:

- 1. The above statements are true to the best of my/our knowledge and belief;**
- 2. I am/We are the applicant(s) applying for the licence or I am/we are authorized to make this application on behalf of the applicant; and,**
- 3. The applicant undertakes to comply with the provisions of the *Waste Reduction and Recovery Act, the Single-use Retail Bag Regulations*, and the following Terms and Conditions:**
 1. Retailer shall charge customers a surcharge of 25¢ for each single-use retail bag distributed.
 2. This surcharge must appear on the customer receipt.
 3. Goods and Services Tax for the single-use retail bag surcharge must be collected by the retailer for taxable products and remitted to Canada Revenue Agency.

Applicant's Name(s): _____

Applicant's Signature(s): _____

Date: _____

Please note that additional relevant information may be required to determine whether your registration should be accepted, and for the purposes of determining the appropriate terms and conditions to be imposed on any registration which might be issued to you. Should this be the case, the Chief Environmental Protection Officer, or his or her authorized delegate, will contact you.

For assistance in completing this form or to submit a completed application form, please contact:

Environmental Protection and Waste Management Division
Department of Environment and Natural Resources
Government of the Northwest Territories
P.O. Box 1320
Yellowknife NT X1A 2L9
Attention: Recycling Program Coordinator
Phone: (867) 767-9236 ext. 53176
Fax: (867) 873-0221
Email: rethinkitnwt@gov.nt.ca
Or, visit your local ENR Regional Office

