

# GARDEN RIVER FIRST NATION

## TOBACCO QUOTA DISTRIBUTION APPLICATION

7 Shingwauk Street  
 Garden River First Nation  
 Garden River, ON P6A 5K9  
 PHONE: 705 946 6300  
 FAX: 705 945 1415  
 Email: cwhiskeychan@gardenriver.org



APPLICANT INFORMATION			
Business Name			
Business Owner Name			
Primary Contact	M.I.	Last	
Address			
	Prov.	Postal Code	
Phone	Alternate Phone		
Email Address			
Date of Application			
Are you a Registered Status Indian of Garden River First Nation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so? Band Number
Have you ever received tobacco quota for your business?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when
If yes, what amount of quota allocation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
What is your requested allocation for 2016-2017?			

BUSINESS DESCRIPTION
Business Type (Seasonal or Year Round): If seasonal identify months of operation
Year Business Established
<i>Describe any details of the business i.e. services provided, products for sale</i>

---

**DISCLAIMER AND SIGNATURE**

I hereby declare that the foregoing information is true and complete to my knowledge. I understand that a false statement may disqualify me from accessing allocation.

Have you attached an additional sheet? · Yes · No

Signature\_\_\_\_\_

Date\_\_\_\_\_

**INTERESTED APPLICANTS SHOULD FORWARD A COPY OF THE APPLICATION FORM TO:**

**Garden River First Nation  
7 Shingwauk St.**

**Garden River, ON P6A 5K9**

**Attention: Chester Langille, Chief Administrative Officer**

**OR Email: [cwhiskeychan@gardenriver.org](mailto:cwhiskeychan@gardenriver.org)**