



**Alcohol and Gaming Commission of Ontario**  
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 Toronto ON M2N 0A4  
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 Toll free in Ontario: 1-800-522-2876  
 Inquiries: [www.agco.ca/iagco](http://www.agco.ca/iagco)  
 Website: [www.agco.ca](http://www.agco.ca)

# Tax Compliance Attestation — Cannabis

## Application Information

Legal Name of Applicant	Application	
	New	Renewal
File Number		

## Requirement

As an applicant for a cannabis retail operator licence (new or renewal) under the *Cannabis Licence Act, 2018* (CLA), you are required to provide an attestation regarding your tax compliance. Specifically, applicants must attest that they have verified their tax compliance status with the Ministry of Finance and that they are not in default of the tax statutes set out in Ontario Regulation 468/18. A person is not eligible to be issued a retail operator licence unless the attestation is provided.

Making a false attestation may result in the refusal of the issuance or renewal of your licence or your licence being subject to regulatory action.

## Attestation

Does the applicant attest that they:

- a. have verified their tax compliance status with the Ontario Ministry of Finance;
- b. are not in default of filing a return under a tax statute administered and enforced by the Government of Ontario, or of paying any tax, penalty or interest assessed under any such statute for which payment arrangements have not been made; **and**
- c. either,
  - i. do not have a business number with the Canada Revenue Agency, or
  - ii. are not in default of filing a return under the *Taxation Act, 2007*, the *Income Tax Act* (Canada), Part IX of the *Excise Tax Act* (Canada) or an Act of another province or territory that imposes a tax on corporations and is administered and enforced by the Canada Revenue Agency?

Yes      No

Please provide the applicant's Tax Compliance Verification (TCV) number.

Note: All letters and numbers must be entered (e.g. 18-000999-TCV).

To verify tax compliance with the Ontario Ministry of Finance or for more information, please visit: [Check your tax compliance status.](#)

Tax Compliance Verification (TCV) number:

## Notification

The information you have submitted is collected pursuant to the CLA. Its collection is to determine eligibility, or continued eligibility for a licence and/or authorization. The Alcohol and Gaming Commission of Ontario (AGCO) is required under the *Freedom of Information and Protection of Privacy Act* to protect the confidentiality of such information in its possession and control and to use only for the purposes for which it is collected or for consistent purposes. This information may also be disclosed pursuant to the *Freedom of Information and Protection of Privacy Act*. For questions about the collection of this information, please contact Manager, Cannabis Eligibility at the AGCO, 90 Sheppard Avenue East, Suite 200, Toronto, Ontario M2N 0A4 / Telephone: 416-326-8700 or 1-800-522-2876 (toll free in Ontario) / Inquiries: [www.agco.ca/iAGCO](http://www.agco.ca/iAGCO).

## Consent

I consent to the Ministry of Finance releasing the tax compliance status (compliant, non-compliant) of my tax compliance certificate and relevant information from the filing and balance confirmation letter issued by the Canada Revenue Agency (if applicable) to the AGCO. I consent to the AGCO disclosing my tax compliance status to the Ministry of Finance.

## Declaration

I solemnly declare that I have read over this form and I make this solemn declaration conscientiously, believing its contents to be true. I understand that further questions may become necessary and that further documentation and/or information may be required during the application process and that if I do not answer any further questions or supply any further documentation and/or information that my form/application may be abandoned.

I understand that providing false, incomplete or misleading information or omitting to provide information in this form or related documents may result in the refusal, suspension or revocation of a licence and/or authorization.

No	Name	Position/Title	Date (dd/mm/yyyy)	Signature
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1.

No	Name	Position/Title	Date (dd/mm/yyyy)	Signature
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2.

No	Name	Position/Title	Date (dd/mm/yyyy)	Signature
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3.

No	Name	Position/Title	Date (dd/mm/yyyy)	Signature
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4.

If more space is required, please attach an additional sheet with each individual's name, position/title, date of signature, and signature.

Attachment(s)

No Attachment(s)