



FOR OFFICIAL USE ONLY Date Received: Registration Number:

REQUEST FOR DETERMINATION OF STATUS AS A GROCERY STORE

1. Name of Applicant: _____

2. Mailing Address: _____

3. Name of Contact Person: _____

4. Telephone: _____ Fax: _____ Email: _____

5. Store Information:

a. Name of store: _____

Street address of store _____

Mailing address of store _____

Store phone: _____ Store Fax: _____

b. Hours of Operation: _____

c. Square footage of retail space: _____

d. Square footage of store: _____

6. Please draw the floor plan of the retail store. The plan should clearly indicate all sections/departments, and the **dimensions** of each section.

7. For each section or department listed in the above floor plan, please provide a detailed list of the types of products sold (there is no need to list individual brands or items--only product types):

Example: *Footwear* - men's shoes, ladies shoes, slippers, running shoes, socks, work boots, rubber boots, water-proof sprays, polish, etc.

Food - Fresh fruits and vegetables, grains, snack foods, soft drinks, juice, dairy, cheese, butter, margarine and spreads, yoghurt, condiments, tea, coffee, water, baking supplies, candy, meat, fish, poultry, bread, desserts, etc.

Pharmacy - etc.

NB: If registering on behalf of multiple stores, please provide the information requested in questions 5 - 7 for each individual store. Please attach additional pages if necessary.

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,**

Applicant's Name(s): _____

Applicant's Signature(s): _____

Date: _____

Please note that additional relevant information may be required to determine your status as a retailer. 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:

Environment Division
Department of Environment and Natural Resources
Government of the Northwest Territories
P.O. Box 1320
Yellowknife NT X1A 2L9
Attention: Waste Reduction Coordinator
Phone: (867) 873-7654
Fax: (867) 873-0221

Or, visit your local Environmental Protection Officer or Renewable Resources Officer.