

Form CIG-APP

Cigarette Products Distributor's License



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Check one: <input type="checkbox"/> APPLICATION <input type="checkbox"/> RENEWAL	Name		Federal employer identification number	
	DBA name		For the year ending: 05/31/YYYY	
	Address			
	City, town or post office	State	ZIP code	E-mail address

CIGARETTE DISTRIBUTOR'S LICENSE APPLICATION/RENEWAL

Mailing Address (if different from above)

Address: _____

City: _____ State: _____ ZIP code: _____

Telephone Number (if different from business number): _____

General Information:

From whom do you purchase Cigarettes? _____

What percentage of Cigarettes will be sold to Dealers? _____

What percentage of Cigarettes will be sold to Distributors? _____

What percentage of Cigarettes will be sold to Consumers? _____

Will you be affixing Rhode Island Cigarette Stamps to Cigarette Packages? Yes No

If yes, give location: _____

Will you be selling Cigarette Rolling Papers in Rhode Island? Yes No

Will you be selling Cigars or Smokeless Tobacco products in Rhode Island? Yes No

If applicable, give name and address of previous owner: _____

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Applicant signature	Print name	Date	Telephone number



Application Fee:

I hereby apply for the following R.I. Cigarette Distributor's License:

- Distributor license (Affixing) – Fee \$1,000.00
If applying for a Distributor license (affixing) for the first time, you must furnish affidavits from three manufacturers with national distribution stating that the manufacture will supply the distributor if the applicant is granted a license.
- Distributor license (Non-affixing) – Fee \$100.00
- Distributor vending license (Twenty-five (25) or more cigarette Vending Machines within R.I.) – Fee \$100.00

Person Responsible for Cigarette Tax Reports:

Name: _____

Title: _____ Phone number: _____

Ownership Type:

Is the business an Individual, Partnership, or Corporation? _____

Ownership Information:

If individual, provide name and address of proprietor: _____

If partnership, provide name and address of partners:

If Corporation, provide names and addresses of the following officers:

<u>Officer:</u>	<u>Name</u>	<u>Address</u>
President:	_____	_____
Vice-President:	_____	_____
Secretary:	_____	_____
Treasurer:	_____	_____