



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Department of Revenue
 DIVISION OF TAXATION
 Excise Tax Section
 One Capitol Hill
 Providence, RI 02908-5800
 Fax (401) 574-8914

Date Issued:	_____
License Class:	_____
Bond Required?	Yes _____ No _____
Approved By:	_____

APPLICATION FOR TOBACCO PRODUCTS DISTRIBUTOR'S LICENSE

Issue License to:

Name of Applicant: _____
 (Name in which license is to be issued – Corporation, Partnership, Individual)

DBA Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Federal ID or SSN: _____ Telephone Number: _____

Mailing Address (if different from business address):

Name of Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number (if different from business number): _____

Ownership:

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

List the names of owner(s) or Officer(s) on reverse side.

General Information:

From whom do you purchase Tobacco Products? _____

Do you manufacture Tobacco Products in this State? _____

What percentage of Tobacco Products will be sold to Dealers? _____

What percentage of Cigarettes will be sold to Consumers? _____

Do you own/maintain Twenty-five (25) or more Tobacco Products vending machines within Rhode Island? Yes: _____ No: _____

Signed under Penalty of Perjury:

Signature of Applicant: _____
 (Officer of Corporation or Owner)

Title: _____ Date: _____



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Revenue
DIVISION OF TAXATION
Excise Tax Section
One Capitol Hill
Providence, RI 02908-5800
Fax (401) 574-8914

Ownership Information:

Name, address and SSN of Proprietor (If Individual): _____

Name, address and SSN of Partners (If Partnership): _____

If Corporation, give Name, addresses and SSN of the following officers:

<u>Officer:</u>	<u>Name:</u>	<u>Address:</u>
-----------------	--------------	-----------------

President:	_____	_____
------------	-------	-------

SSN:	_____	_____
------	-------	-------

Vice-President:	_____	_____
-----------------	-------	-------

SSN:	_____	_____
------	-------	-------

Secretary:	_____	_____
------------	-------	-------

SSN:	_____	_____
------	-------	-------

Treasurer:	_____	_____
------------	-------	-------

SSN:	_____	_____
------	-------	-------

Name and Title of the person responsible for Tobacco Products Tax Reports: _____

State of Rhode Island
Division of Taxation
One Capitol Hill
Providence, RI 02908



Taxpayer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (herein after called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number, or Federal Tax Identification Number as appropriate. These numbers will be checked by the Division of Taxation to verify tax status prior to the issuance of a license. This declaration must be made prior to the issuance of a license.

Licensee Declaration

I hereby declare, under penalty of perjury;

- I have filed all required state tax returns and have paid all taxes owed.
- I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.
- I am currently pursuing administrative review of taxes owed to the state.
- I am in federal bankruptcy. (Case # _____)
- I am in state receivership. (Case # _____)
- I have been discharged from Bankruptcy. (Case # _____)

Type of Permit(s)/License(s) for which you are applying

Full Name (Please Print or Type)

Social Security Number (or FEIN if appropriate)

Signature

Phone Number (including area code if not 401)

Date

This completed Status Affidavit must be submitted with a Business Application Registration (Form BAR) or any other License/Permit application filed with the Division of Taxation.