



**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

**IMPORTANT NOTICE**

**CIGARETTE DEALER'S LICENSE RENEWAL APPLICATION**

**July 1, 2012 - June 30, 2013**

Section 44-20-5 of the Rhode Island General Laws requires that all cigarette dealer licenses be renewed annually at a cost of \$25.00. The law states that the renewal application must be filed by February 1<sup>st</sup> each year, renewing the license for the fiscal year beginning July 1<sup>st</sup>.

If you do not intend to be in business after July 1, 2012, or have already ceased doing business, please check number 1 below indicating the date you stopped selling cigarettes and return the license to the Division of Taxation. If you intend to be in business after July 1, 2012, your license must be renewed and you should check number 2 below and return the bottom payment voucher along with a check for \$25.00 to the Division of Taxation.

Chapter 76 of Title 5 and Chapter 3 of Title 31 of the Rhode Island General Laws as amended provide that a business may not renew a license or permit to conduct a business unless all of its state taxes are paid or it has entered into a written time payment agreement, satisfactory to the Tax Administrator, to pay all outstanding state taxes. Therefore, if you wish to renew your cigarette dealer license and you are not in good standing with regard to your state taxes you should contact Collections at (401)574-8941 Monday through Friday between the hours of 8:30am and 4:00 pm to resolve this issue.

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DETACH HERE

**CIGARETTE DEALERS LICENSE RENEWAL  
PAYMENT VOUCHER**

TAXPAYER: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TAX ID: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ 1. Please cancel my cigarette dealer license as of \_\_\_\_\_ (date)

\_\_\_\_\_ 2. Enclosed is my check for \$25.00 to renew my license for 2012/2013

\_\_\_\_\_ 3. I have enclosed my delinquent return(s) and the balance due of \$ \_\_\_\_\_

\_\_\_\_\_  
TAXPAYER SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE