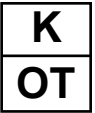


**Information Update to the Application for Tobacco
Products (Other than Cigarettes) Tax License**
North Carolina Department of Revenue



1. Federal Employer ID No.: or Sole Proprietor's Social Security No.:

2. Type of Entity (Check One): Sole Proprietorship Partnership Corporation License No.: _____
If a corporation, state of incorporation: _____ If N.C. Corporation, enter N.C. Secretary of State ID No.: _____

3. Legal Business or Owner's Name: _____

4. Trade Name (DBA Name): _____

5. Name of Contact Person: _____ Telephone: _____ Fax: _____

6. Business Location in N.C.: Street _____
(Not P.O. Box Number) City _____ State _____ Zip Code _____ County _____

7. Mailing Address: Street or P.O. Box _____
City _____ State _____ Zip Code _____ County _____

8. Applicant is: (Check One) Resident Nonresident Manufacturer

9. Type of license applied for: Wholesale Dealer Retail Dealer

10. Do you sell other tobacco products at retail in N.C.? (Check One) Yes No Number of retail locations: _____

11. List sole proprietor, primary partners or corporate officers (President, Vice President, Secretary, and Treasurer):

Name	Date of Birth	Social Security No.	Resident Address	Title
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

12. If a corporation, please provide complete information on each individual who owns 20% or more of the stock in this corporation.
(If less than 20% ownership, attach explanation)

Name	Date of Birth	Social Security No.	Resident Address	Percentage of Stock Owned
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

13. Have any of the individuals listed on Lines 11 or 12 ever been convicted of a felony or misdemeanor other than a minor traffic offense? (Check One)
 Yes No If yes, attach an explanation to this application.

14. Do you own, operate, or service vending machines in N.C.? (Check One) Yes No

15. Are you engaged in the business of producing or manufacturing other tobacco products? (Check One) Yes No
If yes, provide a complete list of locations?

Complete Address	Telephone Number
_____	_____
_____	_____
_____	_____
_____	_____

16. Person responsible for filing other tobacco products reports and location of books and records during business hours.

Name _____ Telephone Number _____
Street _____
City _____ State _____ Zip Code _____ County _____

17. Do you make or plan to make non-tax-paid (not "North Carolina tax-paid") sales of other tobacco products outside of N.C.? (Check One) Yes No

If yes, list the states you make sales into and indicate with a check, the states that you are registered with to pay the other tobacco products tax?

<input type="checkbox"/>	State	<input type="checkbox"/>	State	<input type="checkbox"/>	State
_____		_____		_____	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
_____		_____		_____	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
_____		_____		_____	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
_____		_____		_____	

18. Do you make or plan to make mail order (Postal, UPS, Federal Express, or other) sales of other tobacco products outside N.C.? (Check One) Yes No

List the states you mail order other tobacco products into and indicate with a check, the states that you are registered with to pay the other tobacco products tax?

<input type="checkbox"/>	State	<input type="checkbox"/>	State	<input type="checkbox"/>	State
_____		_____		_____	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
_____		_____		_____	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
_____		_____		_____	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
_____		_____		_____	

19. List all warehouse or storage facilities where other tobacco products handled by you are received or stored.

Address	Telephone Number
_____	_____
_____	_____

20. If a resident dealer of other tobacco products, list below the sources for your other tobacco products. (In last column, indicate "T" if N.C. Tax-Paid to "NT" if Non-Tax-Paid)

Name	Complete Address	Telephone Number	Date of First Purchase	"T" or "NT"
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

21. If a nonresident dealer, are you licensed to pay tax on other tobacco products in the state you list in this application as your address? If not, why?

22. If a wholesale dealer, do you have customers who sell other tobacco products in other States and desire to use the Designation Process? (Check One) Yes No

If yes, attach a separate list showing the complete name and address of the person to whom you sold "designated" other tobacco products together with the date of the first sale.

A separate application must be filed for each location to which a Tobacco Products (Other than Cigarettes) License is to be issued.

Signature: _____ Title: _____ Date: _____
I certify that, to the best of my knowledge, this application is accurate and complete.