

**Information Update to the Application for
Cigarette Distributor's 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. Beginning date of cigarette sales in N.C.: _____

10. Do you sell cigarettes 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. Are you in the cigarette vending machine business in N.C.? (Check One) Yes No Number of locations: _____
Are your machines properly marked and in compliance with G.S. 105-113.17? (Check One) Yes No

15. Are you engaged in the business of producing or manufacturing cigarettes? (Check One) Yes No
If yes, provide a complete list of brands manufactured?

Brand Name	Brand Name	Brand Name
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

16. Person responsible for filing cigarette tax reports and location of books and records during business hours.

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

17. Do you make shipments of non-tax-paid cigarettes, as defined in G.S. 105-113.9, outside of N.C.? (Check One) Yes No

If yes, list the states you make shipments into and indicate with a check, the states that you are registered with to pay the cigarette excise 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"/> _____
<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) shipments of cigarettes outside N.C.? (Check One) Yes No

If yes, have you agreed to comply with the Federal Jenkins Act with each state? (Check One) Yes No

List the states you mail order cigarettes into and indicate with a check, the states that you are registered with to pay the cigarette excise 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"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

19. List all warehouse or storage facilities where cigarettes handled by you are received or stored.

Address	Telephone Number
_____	_____
_____	_____
_____	_____
_____	_____

20. List all manufacturers or importers from whom you receive non-tax-paid cigarettes.

Name and Address

21. If a nonresident distributor, are you licensed as a cigarette distributor by the state you list in this application as your address? If not, why?

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