State of New Jersey

Send to: **Division of Revenue**
PO Box 252
Trenton, NJ 08646-0252

1-2011

ENCLOSE FEE WITH APPLICATION

Form CM-100

Combined Cigarette License Application

Retail Over-the-Counter
Vending Machine
Manufacturer Representative

Check One Box for the License Desired		Enclose Fee
☐	Cigarette Retail Dealer's Over-the-Counter License — *1 year license* *Complete Sections A & B below*	$ 50.00
☐	Cigarette Vending Machine License — *1 year license each machine* *Complete Sections A & C below*	$ 50.00 each
☐	Cigarette Manufacturer Representative License — *1 year license* *Complete Sections A & D below*	$ 5.00

Section A — Licensee Information

Check one: Initial Application ☐   Renewal Application ☐

Taxpayer Name	Start Date for Business in New Jersey	
Trade Name	FEIN (for businesses)	Social Security № (for individuals)
Business Address --- ---	Mailing Address --- ---	

Check Type of Ownership | For all corporations, give State of Incorporation:
☐ Corporation ☐ LLC ☐ Partnership ☐ LLP ☐ Proprietorship ☐ Representative ☐ Other(*specify*)

Point of Contact: _____   Phone № _____   Email _____

OWNERS' INFORMATION (attach list if needed)

Name	Title	Social Security №	Home Address

Section B — Retail *Over-the-Counter* License

Provide information about those from whom you purchase cigarettes – attach list if needed

	Supplier	Supplier's FEIN	Supplier's Address	City	State	Phone №
$ 50.00						

Section C — Vending Machine License

Provide information about the machines you will operate — attach list if needed

	Supplier	Supplier FEIN	Phone №	Address where machine is located	City	State
$ 50.00 each						

Section D — Manufacturer Representative License

Provide information on the company you represent

	Company	FEIN	Address	City	State	Phone №
$ 5.00						

By signing, signatory affirms that all information is complete and accurate. Should any information be incomplete or inaccurate, the application will not be processed.

The Application Fee must be enclosed to process the application

Total Fee Enclosed: $

Authorized Signature

Printed Name	Title	Date