



Renewal Application for Registration of Retail Dealers and Vending Machines for Sales of Cigarettes and Tobacco Products

C18

Use this form to renew registration for all or any portion of the period from
January 1, 2018, through December 31, 2018.

Print or type	Legal name of business	Date
	DBA (doing business as)/trade name	Sales tax vendor identification number
	Mailing address; c/o name	
	Number and street	
	City, state, ZIP code	

Read the instructions (Form DTF-719-I) before completing this form.

Use this form to renew the registration for retail dealer certificates and vending machine certificates **only** if you are currently registered for 2017. If registering for the first time, use Form DTF-716, *Application for Registration of Retail Dealers and Vending Machines for Sales of Cigarettes and Tobacco Products*. (See *General information* and *When to file* on Form DTF-719-I.)

	A Number of certificates	B Cost of each	C Amount due (A x B)	D Code
1. Certificates of registration for retail operations (from Part A; see instructions)		\$300	\$	7030
2. Vending machine registration certificates (from Part B; see instructions)		\$100	\$	7040
3. Total amount due (add lines 1 and 2, column C)			\$	

Note: Vending machine registration certificates and certificates of registration for the period January 1, 2018, through December 31, 2018, will not be issued before December 1, 2017.

- Attach check or money order for the amount on line 3 payable to : **New York State Sales Tax**.
- Write your sales tax vendor identification number, **Form DTF-719-MN**, and the year for which you are registering on the front of your check or money order.
- Mail your application and remittance **on or before September 20, 2017**.
- **Do not mail this application in the envelope with your sales tax return.**

For office use only

Signature of applicant	
Title	
Daytime telephone number ()	Date

Mail to:
NYS TAX DEPARTMENT
PO BOX 15175
ALBANY NY 12212-5175

72000106170094



The *Seq. no.* box is for office use only. In column A, enter your business name [trade name, DBA (doing business as) name, or assumed name if different from your legal name] and physical address for each business location. In column B, indicate whether you are currently making retail sales of cigarettes and/or tobacco products for each location listed. In column C, mark an **X** if the business is no longer selling cigarettes, but is open for other types of sales. In column D, enter the date you stopped all business activity at the location listed. In column E, enter the date you plan on beginning business if you are adding a new location for 2018 (attach Form DTF-17-ATT). Attach additional copies of this page if necessary.

[illegible]

Total number of certificates of registration required

Enter this total on page 1, line 1, column A, as applicable.



Vendor ID: _____

In columns A through C, list the business name and physical address where each of your vending machines is located and each machine's serial number. If you have several machines at one location, enter the physical address only once, but enter the serial numbers of every machine at the location. Attach additional copies of this page if necessary.

[illegible]

Carry forward to next page or, if last page of Part B, enter this total on page 1, line 2, column A, as applicable. _____

Part B - Vending machine registration certificates *(continued)*

A Business name	B Physical address where vending machine is located <i>(report each machine separately in column C)</i>	C Serial number of each vending machine
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Number of vending machine registration certificates from previous page (if last page, include totals from additional copies, if attached).....

Total number of vending machine registration certificates required

Enter this total on page 1, line 2, column A, as applicable.

