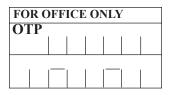


## **INDIANA DEPARTMENT OF REVENUE**

P.O. BOX 901

INDIANAPOLIS, IN 46206-0901

This form must be submitted 30 days prior to: a) the expiration of your current license or, b) the date you begin your business You may not do business without your certificate.



## APPLICATION FOR OTHER TOBACCO PRODUCTS DISTRIBUTOR'S LICENSE

RenewalO

New Certificate O

Applicant's Name - Enter individual's, partnership's, or corporation's name					Federal ID Number		
Appreant's Name - Enter individual s, particising s, or corporation's name				1 cuciui	rederar in Number		
Business/Trade Name (if different than	above)	Telephone Number		Owner's Social Security #		ity #	
Mailing Address (Street or P.O. Box Nu	umber)	City or Town	County		State	Zip Code	
Location Address of Business (if different	ent than above)	City or Town	County State		Zip Code		
Type of Ownership: Sole Proprietorship Partnership Corporation							
If Corporation: Date of Incorpo	oration:						
If Foreign Corporation: Date o	f Acceptance by Indiana Sec	retary of State:					
If an Indiana corporation or a fo	preign corporation, give nam	e and address of Resident	Agent:				
Identification of Partners or Corporate Officers							
Name (last name first)	Social Security Number	Address	City	State	Zip Code	Title	

Reason License Needed (Answer Yes or No):							
New Business:	Purchase of Existing Business: Lease of E		Existing Business:				
From Whom Was Business Purchased or Leased?							
Reinstatement of Old License:							
Does Applicant Presently Hold a Cigarette Tax License? License Number:							
Has Applicant Previously Held a Cigarette Tax License? License Number:							
Does Applicant Presently Hold an Indiana Registered Retail Merchants Certificate? Certificate Number:							
Does Applicant Presently Hold Any Other Licenses or Permits Issued by any State Agency?							
STATE AGENCY	TYPE OF LICENSE OR PERMIT		NUMBER				

Audit Information:					
Location Where Records Will Be Available For Audit:					
Phone Number of Location Of Audit Records:					
Phone Number of Business Location:					
Indicate Address of Each Location In Which You Have Other Tobacco Products in Storage					
Location	OTP License Number				
	OTP License Number				
	OTP License Number				
	OTP License Number				

Indicate Name, Address, Phone Number and Estimated Annual Purchases from Whom You Currently Purchase and/or Expect to Purchase Other Tobacco Products: (A Computer Generated List Which Includes All Requested Information Will Be Accepted)

Supplier's Name	Address	Phone Number	Estimated Annual Purchases
		TOTAL:	

If Necessary Attach Additional List.

Does Your Company Expect to Sell Other Tobacco Products Into Another State?\_

List States:

Today's Date

I declare under penalties of perjury that the information contained in this application and any attachments is true, correct and complete to the best of my knowledge and belief.

Signature of Taxpayer or Authorized Agent, Title