



# NEVADA DEPARTMENT OF TAXATION

3850 Arrowhead Dr., 2nd Floor

Carson City, NV 89706

Phone (775) 684-2000

Website: <http://tax.nv.gov>

## APPLICATION FOR WAREHOUSE, DISTRIBUTION CENTER OR LOGISTICS COMPANY

**YOU MAY NOT POSSESS OR DISTRIBUTE ANY TOBACCO PRODUCTS UNTIL LICENSED**

<input type="checkbox"/> Warehouse/Distribution Center		<input type="checkbox"/> Logistics Company	
Federal Identification #:		State of Incorporation:	
Current Taxpayer ID#:			
Entity Type (Sole Proprietor, Partnership, LLC, Corporation, Other):			
Entity Name:			
Doing Business As (DBA)/Fictitious Firm Name:			
Does Applicant Hold a NV State Business License? <input type="checkbox"/> Yes <input type="checkbox"/> No		County and/or City? <input type="checkbox"/> Yes <input type="checkbox"/> No Where?	
Entity Address:			
Mailing Address:			
Location Address:			
Business Phone Number:		Contact Name:	
Contact Phone Number:		Contact Email Address:	

<input type="checkbox"/> YES	<input type="checkbox"/> NO	You understand you must follow, stay current on, and comply with all Nevada laws and regulations as stated in Chapter 370 and 370a of the Nevada Revised Statutes (NRS) and Nevada Administrative Code.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	You understand that violating any provisions of NRS Chapter 370 may result in the seizure of product, the issuance of civil penalties ranging from \$1,000 – \$5,000 per violation and/or the suspension or revocation of your license?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	You know where to find the lists of Licensed Cigarette Wholesale, OTP Wholesale Accounts, the Tobacco Directory and other cigarette and OTP forms and reports on our website. The Department's web address is: <a href="https://tax.nv.gov/">https://tax.nv.gov/</a> .
<input type="checkbox"/> YES	<input type="checkbox"/> NO	You understand you must complete an application for each business location you want to temporarily store cigarettes and/or tobacco products, including if a business already had a license but has moved?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	You understand your business location is subject to compliance inspections at any time during normal business hours and with a warrant any other time pursuant NRS 370.413?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	You understand if you move locations, change corporate or fictitious firm names or close your business; it is your responsibility to notify the Department of Taxation?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	You understand, if issued this license, it will expire yearly and a renewal form along with payment of license fees must be received by the Department on or before 12/31 of each year in order to receive a new one.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Do you understand all tobacco licensing must be signed by an authorized person of the company prior to posting the license at the business location?

<b>FOR WAREHOUSE/DISTRIBUTION CENTER (DC), COMPLETE THIS SECTION: Must be owned, leased, rented and/or operated by a Tobacco Retailer, Cigarette/OTP Wholesaler or Cigarette Manufacturer</b>
Please provide the valid Taxpayer Identification Number(s) of the retailer, wholesaler or manufacturer operating this warehouse or DC:
Please provide the names of the entities who receive cigarettes or OTP that are temporarily stored at this location:
Please provide names of the vendors who will be sending cigarettes or OTP to this location:

<b>FOR LOGISTICS CENTER, COMPLETE THIS SECTION: Must be authorized to act on behalf of a Cigarette/OTP Wholesaler or Cigarette Manufacturer</b>
Please provide the name and valid Taxpayer Identification Number(s) of the wholesaler or manufacturer operating this warehouse or DC:

<b>Transportation/Carrier Information – All Applicants Must Complete</b>	
Company Name:	Company Name:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Phone #:	Phone #:

<b>CERTIFICATION STATEMENT: EVERY OWNER, OFFICER, PARTNER &amp; OTHER PERSON AUTHORIZED TO MAKE DECISIONS FOR THIS COMPANY MUST SIGN THE APPLICATION.</b>		
<i>By signing I certify that, to the best of my knowledge under penalty of perjury, the information contained herein is correct and acknowledge that pursuant to Nevada Revised Statutes (NRS) 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing to the Nevada Department of Taxation. In addition, if I am granted a tobacco license, I understand that I am expected to comply with all tobacco laws, including, but not limited to NRS 370 and 370A, Nevada Administration Code, and all Federal laws. Noncompliance will result in civil penalties, revocation or suspension of my license and criminal prosecution.</i>		
Print Name:	Sign Name:	Date:
Print Name:	Sign Name:	Date:
Print Name:	Sign Name:	Date:
Print Name:	Sign Name:	Date:
Print Name:	Sign Name:	Date:

**Additional Instructions:** To submit this form electronically, save this form to your computer. Once printed and signed by all applicable parties, email the completed application to [nevadaolt@tax.state.nv.us](mailto:nevadaolt@tax.state.nv.us) or [taxation-adminMSA@tax.state.nv.us](mailto:taxation-adminMSA@tax.state.nv.us) with “Application for Warehouse, Distribution Center or Logistics Company” in the email subject line. Your email cannot exceed 10 MB. Applications can also be submitted via postal mail to the address the on the first page of this form. All fields are mandatory.