



Department of Taxation  
 Web Site: <http://tax.nv.gov>  
 1550 College Parkway, Suite 115  
 Carson City, Nevada 89706-7937  
 Phone (775) 684-2000 Fax (775) 684-2020



## Application for Cigarette Wholesale License, Cigarette Manufacturer License, Tobacco Retail License, and Other Tobacco Products Wholesale License

Cigarette Wholesale License Fee is \$150.00 annually (NRS 370.150) or prorated by quarter as follows:  
 Jan-Mar \$150.00, Apr-June \$112.50, July-Sept \$75.00, Oct-Dec \$37.50  
 A minimum \$1000.00 security bond is required for all Cigarette Wholesale Dealers (NRS 370.155)

<b>Please Check All That Apply:</b>			
<input type="checkbox"/> Wholesale Cigarette	<input type="checkbox"/> Manufacturer Cigarette	<input type="checkbox"/> Other Tobacco Products Wholesale	<input type="checkbox"/> Tobacco Retail
<b>Date You Intend To Start Selling Tobacco Products:</b>		<b>Federal Identification Number:</b>	
<b>Type Of Business (Owner, Partnership, Corporation, Other):</b>		<b>Date Incorporated:</b>	
<b>Corporation Name:</b>			
<b>Doing Business As:</b>			
<b>Operating Under a Fictitious Firm Name?</b>	<b>Is Statement Recorded?</b>	<b>Where?</b>	
<b>If operating under a fictitious firm name within the state of Nevada please attach a certified copy of the fictitious firm name certificate</b>			
<b>Does Applicant Hold a State, County, Or City License?</b>		<b>If Yes Where?</b>	
<b>Corporate Address:</b>			
<b>Location Mailing Address:</b>			
<b>Location Physical Location:</b>			
<b>Business Telephone Number: ( )</b>		<b>Business Fax Number: ( )</b>	

### Owner/Partner Names (or) Corporate Officers:

<b>List All Owners, Partners, Corporate Officers, Managers, Members, etc. (If individual ownership, list only one owner.) Attach Additional Sheets if Needed.</b>			
<b>Name:</b>	<b>Title:</b>	<b>SSN#:</b>	
<b>Residence Address:</b>	<b>City, State, Zip.</b>	<b>Percent Owned:</b>	
<b>Name:</b>	<b>Title:</b>	<b>SSN#:</b>	
<b>Residence Address:</b>	<b>City, State, Zip.</b>	<b>Percent Owned:</b>	
<b>Name:</b>	<b>Title:</b>	<b>SSN#:</b>	
<b>Residence Address:</b>	<b>City, State, Zip.</b>	<b>Percent Owned:</b>	
<b>Name:</b>	<b>Title:</b>	<b>SSN#:</b>	
<b>Residence Address:</b>	<b>City, State, Zip.</b>	<b>Percent Owned:</b>	
<b>Person to Contact Regarding Monthly Returns:</b>		<b>Title:</b>	
<b>Contact Telephone Number: ( )</b>	<b>Ext:</b>	<b>Contact Fax Number: ( )</b>	
<b>Please Provide One E-mail Address For The Person Who Will Receive Notifications Of Changes To The State of Nevada Tobacco Directory:</b>			
<b>Please List Other States in Which Applicant Holds A Retail or Wholesale Cigarette License: (If Applicable Please Attach Copies Of Said Licenses)</b>			
<b>Has Applicant or Person(s) Directly or Indirectly Owning 10 Percent or More of Said Business Been Convicted of a Crime Relating to Tobacco?</b>			
<b>If So Please Explain in Detail or Attach Additional Information Regarding the Charge:</b>			

List Names, Addresses, and Phone Numbers of People You Intend on Conducting Business With (If Needed Attach a List):

_____	_____
_____	_____
_____	_____

**If Applicant is Filing for a Cigarette Wholesale Dealers License Please**

**Complete the Following Information:**

If Applicant will Apply Nevada Indicia to Packages of Cigarettes  
Please Check Box

If Yes, Please Provide Stamp Machine Serial  
Number:

List Names, Addresses, and Phone Numbers of Current Suppliers (If Needed Attach a List):

_____	_____
_____	_____
_____	_____

List the Cigarette Brands You Intend to Sell (If Needed Attach a List):

_____
_____
_____

Please Indicate the Date Your Cigarette Inventory Will Always Exceed \$10,000.00 Wholesale Value:

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**If Applicant is Filing for a Cigarette Manufacturer Dealers License Please**

**Complete the Following Information:**

List All Brand and Styles Applicant Will Be Selling Within The State of Nevada (If Needed Attach a List):

_____
_____
_____

By Checking This Box You Certify You Are Compliant With the Master Settlement Agreement And Any And All  
Regulations And/Or Laws That Are Specified Within This Section:

By Checking This Box You Certify Your brands you intend to sell in this State have been approved as Fire Standard Compliant  
with the Nevada State Fire Marshalls Office:

**BEFORE ANY MANUFACTURER CAN SELL CIGARETTES IN THE STATE OF NEVADA THEY MUST FIRST SUBMIT A LIST OF  
CIGARETTES BY BRAND AND STYLE THEY INTEND TO SELL IN THIS STATE TO THE NEVADA DEPARTMENT OF ATTORNEY  
GENERALS OFFICE AND THEY MUST ALSO CONTACT THE STATE OF NEVADA FIRE MARSHALLS OFFICE TO REGISTER SAID  
BRANDS AS FIRE STANDARD COMPLIANT. IF YOU HAVE NOT SPOKEN TO THE CHIEF TOBACCO COUNSEL AT THE ATTORNEY  
GENERALS OFFICE PLEASE CALL (775) 688-1818.**

**TO SPEAK TOTHE STATE OF NEVADA STATE FIRE MARSHALLS OFFICE PLEASE CALL: 775-684-7526**

**IF SAID APPLICANTS CIGARETTES OR ROLL YOUR OWN BRANDS ARE NOT LISTED ON THE NEVADA STATE TOBACCO  
DIRECTORY THEY MAY NOT BE SOLD IN THIS STATE.**

All Applicants Please List Three References With Whom You Have Done Business:

Name and Address _____
Name and Address _____
Name and Address _____

Please Print Name:

_____
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Please Sign Name:

_____
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Date:

_____
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