



Nevada 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, & 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 \$1,000.00 security bond is required for all Cigarette Wholesale Dealers (NRS 370.155)

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|--|---------------------|------------------------|----------------------------------|----------------|
| Please check all that apply: | Wholesale Cigarette | Manufacturer Cigarette | Other Tobacco Products Wholesale | Tobacco Retail |
| Date you intend to begin selling tobacco products: | | | Federal Identification Number: | |
| Entity Type (Owner, Partnership, Corporation, Tribal, Other): | | | GHY cZIncorporat]cb: | |
| Corporation Name: | | | | |
| Doing Business As/Fictitious Firm BUa Y. | | | | |
| Resident Agent Name: | | | RA Address: | |
| 5 HtUW `W@d]Yg`cZU` applicable`ghUHY, local`or tribal`government `]WbgYg`UbX#&f`fY[]glfU]cbg` Y`X`VmiH`Y`Udd`]Wubh Vi`g]bYgg" If business is based outside of NV, attach current NV Resident Agent appointment acceptance letter. | | | | |
| Corporate Address: | | | | |
| Location Mailing Address: | | | | |
| Location Physical Address: | | | | |
| Business Website: | | | Business Email: | |
| Business Telephone Number: | | | Business Fax Number: | |

OWNERS/PARTNERS: Complete the information below for all owners, partners, corporate officers, managers, members, etc. & provide a copy of current state driver's license or other state identification for each named individual. If owner is not an individual person, provide current state and/or tribal entity registration & the names, titles, residential addresses & SSNs of each officer of the organization. Attach additional sheets if needed.

| | | | | | |
|--------------------|--|-------------------|--|----------------|--|
| Name: | | Title: | | SSN#: | |
| Residence Address: | | City, State, Zip: | | Percent Owned: | |
| Name: | | Title: | | SSN#: | |
| Residence Address: | | City, State, Zip: | | Percent Owned: | |
| Name: | | Title: | | SSN#: | |
| Residence Address: | | City, State, Zip: | | Percent Owned: | |
| Name: | | Title: | | SSN#: | |
| Residence Address: | | City, State, Zip: | | Percent Owned: | |

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|---|-----------|--------|---|
| Person to contact regarding monthly reports: | | Title: | |
| Contact Telephone Number: | | Ext: | |
| Contact Fax Number: | | | |
| Provide email address to receive notifications of changes to the Nevada Tobacco Directory: | | | |
| Please list other states in which applicant holds a retail or wholesale tobacco license: (If applicable, provide current copies of state licenses. If needed, attach a list.) | | | |
| Has any person(s) directly or indirectly owning 10 percent or more of this business been convicted of a crime or received civil penalties related to tobacco enforcement? | Criminal? | Y | N |
| | Civil? | Y | N |
| If yes, provide details, including final outcome, of all tobacco-related charges and/or penalties. Add attachment, if needed. | | | |

List names, addresses, & phone numbers of businesses you intend to work with (If needed, attach a list):

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

If Filing for an OTP Wholesale Dealers License, Complete This Section:

Will applicant be selling RYO cigarette tobacco?

If yes, Check Box:

If applicant is not selling RYO cigarette tobacco, but plans to sell a different OTP product (e.g., cigars and cigarillos), the following sections do not need to be completed.

List names, addresses, phone numbers & email addresses of current suppliers (If needed, attach a list):

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List the OTP brands you intend to sell (If needed, attach a list): NOTE: This is only for RYO cigarette tobacco products.

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If Filing for a Cigarette Wholesale Dealers License, Complete This Section:

If applicant will apply Nevada Indicia to packages of cigarettes, check box:

If yes, provide stamp machine serial number: _____

List names, addresses, phone numbers, & email addresses of current suppliers (If needed, attach a list):

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List the cigarette brands you intend to sell (If needed, attach a list):

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Indicate the date your cigarette inventory will always exceed the wholesale value of \$10,000: _____

If Filing for a Cigarette Manufacturers License, Complete This Section:

In-State Representative Name: _____ Telephone #: _____ Email: _____

In-State Physical Address: _____

Provide a list of all cigarette & roll-your-own cigarette tobacco brands the tobacco manufacturer intends to sell within the State of Nevada (Attach list if needed.):

BEFORE ANY MANUFACTURER CAN SELL CIGARETTES OR ROLL-YOUR-OWN CIGARETTE TOBACCO IN THE STATE OF NEVADA THEY MUST FIRST COMPLETE AN INITIAL TOBACCO MANUFACTURER CERTIFICATION FORM TO HAVE THEIR CIGARETTE BRANDS APPROVED FOR LISTING ON THE NEVADA TOBACCO DIRECTORY. THE FORM IS AVAILABLE AT http://ag.nv.gov/Hot_Topics/Issue/Tobacco/ OR CONTACT THE NEVADA ATTORNEY GENERAL'S TOBACCO UNIT FOR MORE INFORMATION AT (775) 684-1100 OR tobaccoenforcement@ag.nv.gov.

ALL CIGARETTE BRANDS/STYLES MUST RECEIVE FIRE STANDARD COMPLIANT CERTIFICATION FROM THE NEVADA FIRE MARSHAL'S OFFICE. INSTRUCTIONS & APPLICATION FORMS ARE AVAILABLE AT <http://fire.nv.gov/bureaus/FPL/Cigarettes/> OR CONTACT THE NEVADA FIRE MARSHAL AT (775) 684-7526.

All applicants must provide three business references:

Name, Address, Phone: _____

Name, Address, Phone: _____

Name, Address, Phone: _____

Certification: Every owner, officer, partner, & other person authorized to make decisions for this company must sign this application. *By signing I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing to the NV Tax Department.*

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|-------------|------------|-------|
| Print Name: | Sign Name: | Date: |
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Additional Instructions: To complete this form electronically, save this form to your computer. You may email the completed application & attachments to nevadaolt@tax.state.nv.us with 'Combined Cigarette and OTP Application' in the email subject line. Your email, including attachments, cannot exceed 10 MB. A submitted signed copy of this application is still required and must be delivered to the Nevada Department of Taxation via mail or fax.

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