

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
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:

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

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

CERTIFICATION STATEMENT: EVERY OWNER, OFFICER, PARTNER & OTHER PERSON AUTHORIZED TO MAKE DECISIONS FOR THIS COMPANY MUST SIGN THE APPLICATION.		
<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 or 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.