

NEVADA DEPARTMENT OF TAXATION

3850 Arrowhead Drive Carson City, NV 89706 Phone (775) 684-2000

Website: https://tax.nv.gov

APPLICATION FOR TOBACCO RETAIL LICENSE

Please be aware, application review and approval may take up to 60 days

The Tobacco Retail Dealer's License Fee is \$50.00 annually (NRS 370.587) or prorated by month, as follows: January – \$50.00, February – \$46.00, March – \$42.00, April – \$38.00, May – \$34.00, June – \$30.00, July – \$26.00, August – \$22.00, September – \$18.00, October through December – \$12.50

YOU MAY NOT POSSESS, PURCHASE OR SELL ANY TOBACCO PRODUCTS UNTIL LICENSED BY THE DEPARTMENT

| Date You Intend to Start Selling Tobacco Products: | | | Federal Identification #: | | | |
|--|-------|----------------------|---------------------------|--------------|----------|--|
| Entity Type (Sole Proprietor, Partnership, LLC, Corporation, Other): | | | State of Incorporation: | | | |
| Entity Name: | | | | | | |
| Doing Business As (DBA)/Fictitious Firm Name: | | | | | | |
| Does Applicant Hold a NV State Business License? | Yes | No County and | or City? | Yes No Where | ? | |
| Entity Address: | | | | | | |
| Mailing Address: | | | | | | |
| Location Address: | | | | | | |
| Business Phone Number: | | | Business Fax Number: | | | |
| | | FFICERS/PART | | | | |
| Complete the information below for a | | s, partners, corpora | ate officers, n | | s, etc. | |
| | itle: | | | SSN#: | 1 | |
| Residential Address: | Ci | City, State, Zip: | | | % Owned: | |
| Name: | itle: | | | SSN#: | | |
| Residential Address: | Ci | City, State, Zip: | | · | % Owned: | |
| Name: T | itle: | , | | SSN#: | | |
| Residential Address: | Ci | ty, State, Zip: | | | % Owned: | |
| Name: T | itle: | | | SSN#: | | |
| Residential Address: | Ci | ty, State, Zip: | | | % Owned: | |
| Name: T | itle: | | | SSN#: | | |
| esidential Address: City, St | | ty, State, Zip: | tate, Zip: | | % Owned: | |
| Contact Telephone Number: | Ext: | Conta | ct Fax Numb | er: | | |
| Contact Email Address: | | | | | | |
| Has Any Person(s) Directly or Indirectly Owning 10% or More of this Business Been Criminal Charges: Yes No | | | | | | |
| Convicted of a Crime or Received Civil Penalties Related to Tobacco Enforcement? Civil Penalties: Yes No | | | | | | |
| If Yes, Provide Details, Including Final Outcome of All Tobacco-Related Charges and/or Penalties. If needed, add attachment. | | | | | | |
| | | | | | | |

| Give a Brief Description of Your Business in Nevada (including what you will be buying and selling): | | | | | | |
|--|-------------|--|--|--|--|--|
| | | | | | | |
| | | | | | | |
| List Name | es, Address | es, Phone Numbers & Email Addresses of Intended Vendors. If needed, attach a list: | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| ☐ YES | □NO | Do you intend to sell cigarettes to consumers? | | | | |
| □ YES | □NO | Do you intend to sell other tobacco products (OTP) to consumers? | | | | |
| ☐ YES | □NO | Do you intend to sell vapor and alternative nicotine products to consumers? | | | | |
| □ YES | □NO | Do you intend to operate cigarette and/or tobacco related vending machines? | | | | |
| ☐ YES | □NO | Do you utilize a warehouse or distribution center to receive and distribute shipments of cigarettes and/or OTP? | | | | |
| □ YES | □NO | You understand you must follow, stay current on, and comply with all Nevada laws and regulations as stated in Chapter 370 of the Nevada Revised Statutes (NRS) and Nevada Administrative Code. | | | | |
| □ YES | □NO | You understand that violating any provisions of NRS Chapter 370 may result in the issuance of civil penalties ranging from \$1,000 - \$10,000 for each violation and/or the suspension or revocation of your license. | | | | |
| □ YES | □NO | You understand it is illegal to possess, purchase and sell cigarettes, OTP, and/or operate a cigarette rolling machine without proper tobacco licensing from the Department of Taxation (Department). | | | | |
| □ YES | □NO | You understand all tobacco licensing must be signed by an authorized person of the company and posted at the business location in a conspicuous place where it can be seen by the public. | | | | |
| □ YES | □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. | | | | |
| ☐ YES | □NO | You understand you must complete an application for each business location you want to sell cigarettes or OTP from, including if a business already had a license but has moved. | | | | |
| □ YES | □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. | | | | |
| □ YES | □NO | You understand the definition of OTP has been amended to encompass vapor products and alternative nicotine products. Vapor products includes, without limitation, e-liquids with or without nicotine, cartridges, and components used exclusively or primarily for vapor products, whether or not sold separately. | | | | |
| □ YES | □ NO | You understand that it is unlawful to sell, distribute, or offer to sell tobacco, nicotine, and/or vapor products to any person under the age of 21 years, and that you must perform age verification for any person under 40 years of age utilizing a scanning technology or other automated, software-based system to verify that the person is 21 years of age or older, pursuant to NRS 370.521. | | | | |
| ☐ YES | □NO | You understand it is illegal to place cigarette or tobacco related vending machines in a public area unless people under the age of twenty-one (21) are prohibited from loitering in that area. | | | | |
| □ YES | □NO | You understand that if you are selling or distributing cigarettes or OTP in a non-face to face transaction, you must comply with all state laws regarding packaging and labeling requirements and perform an age verification of the purchaser. | | | | |
| □ YES | □NO | You understand you cannot purchase cigarettes and/or OTP from another licensed retail dealer. | | | | |
| ☐ YES | □NO | You understand that cigarettes must be sold in packs or cartons and that selling single cigarettes is illegal. | | | | |

| □ YES | □NO | You understand any OTP is contraband and subject | any OTP bought from an unlicensed company on which tax has not been paid to the Department subject to seizure. | | | | |
|---|--------|---|---|-------------|--|--|--|
| □ YES | □NO | | You understand you can only sell cigarettes and roll-your-own (RYO) cigarette tobacco brands listed on the Nevada Tobacco Directory and it is your responsibility to know what brands are legal to sell at all times . | | | | |
| □ YES | □NO | | to find the lists of Licensed Cigarette Wholesale, OTP Wholesale Accounts, the Tobacco eer cigarette and OTP forms and reports on our website? The Department's web address is | | | | |
| □ YES | □NO | | r responsibility to ensure the cigarette packages you offer for sale are properly stamped or they will be confiscated as contraband? Properly stamped means clear and with all umber legible. | | | | |
| □ YES | □NO | | siness location is subject to compliance inspections at any time during normal business y other time pursuant to NRS 370.413, and to random unannounced inspections pursuant | | | | |
| □ YES | □ NO | You understand all invoices, reports and records must be kept at the licensed location for a minimum of five (5) years; and you must provide all tobacco transaction invoices, related journals, shipping logs and any reports and records used to prepare monthly reports during a compliance inspection and/or audit. | | | | | |
| □ YES | □NO | You understand that in the event the records are incomplete or questionable, you may be required to provide additional records to include, but not limited to, all purchase invoices, sales invoices, bank statements, credit card statements, financial statements and IRS tax returns. | | | | | |
| If you operate or intend to operate a warehouse or distribution center that will receive and distribute cigarette and/or OTP to this applicant and the warehouse or distribution center is not currently licensed with the Department, a separate application must be completed and approved prior to the warehouse or distribution center receiving or distributing product to the applicant. No product is allowed on site until a license from the Department has been issued, received and posted at the location address. The application for a warehouse or distribution center is located on the Department of Taxation's website at https://tax.nv.gov/tax-types/cigarette-other-tobacco-products-tax/ . | | | | | | | |
| CERTIFICATION STATEMENT: EVERY OWNER, OFFICER, PARTNER & OTHER PERSON AUTHORIZED TO MAKE DECISIONS FOR THIS COMPANY MUST SIGN THE APPLICATION. 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. | | | | | | | |
| Print Name: | | | Sign Name: | Date: | | | |
| Print Nam | e: | | Sign Name: | Date: | | | |
| Print Nam | 0. | | Sign Name: | | | | |
| | e. | | | Date: | | | |
| Print Nam | | | Sign Name: | Date: 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 taxation-adminMSA@tax.state.nv.us with "Application for Tobacco Retail License" in the email subject line. Your email cannot exceed 10 MB. Applications can also be submitted via postal mail to the address listed the on the first page of this form. If you have any questions about how to complete this application, please contact the Department's Tobacco Enforcement Unit at 775-684-2165 or taxation-adminMSA@tax.state.nv.us. Also, please check the Department's website for FAQs, letters sent to licensees, needed forms or any other pertinent information regarding updates or changes made to Chapter 370.

NOTE: Incomplete applications will be rejected and must be resubmitted.