

Form TOB-APP

Tobacco Products Distributor's License Application

Name		Federal employer identification number	
DBA name		For the month ending: 05/31/YYYY	
Mailing address			
City, town or post office	State	ZIP code	E-mail address

APPLICATION FOR TOBACCO PRODUCTS DISTRIBUTOR'S LICENSE

Mailing Address (if different from above)

Address: _____

City: _____ State: _____ ZIP code: _____

Telephone Number (if different from business number): _____

General Information:

From whom do you purchase Tobacco Products? _____

Do you manufacture Tobacco Products in this State? Yes No

What percentage of Tobacco Products will be sold to Dealers? _____

What percentage of Tobacco Products will be sold to Distributors? _____

What percentage of Tobacco Products will be sold to Consumers? _____

Do you own/maintain twenty-five (25) or more Tobacco Products vending machines within this State? Yes No

Person Responsible for Tobacco Products Tax Reports:

Name: _____

Title: _____ Phone number: _____

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Applicant signature	Print name	Date	Telephone number

State of Rhode Island and Providence Plantations
Form TOB-APP
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Ownership Type:

Is the business an Individual, Partnership, or Corporation? _____

Ownership Information:

If individual, provide name and address of proprietor: _____

If partnership, provide name and address of partners:

If Corporation, provide names and addresses of the following officers:

<u>Officer:</u>	<u>Name</u>	<u>Address</u>
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President:	_____	_____
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Vice-President:	_____	_____
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Secretary:	_____	_____
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Treasurer:	_____	_____
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