STATE OF RHODE ISLAND **DEPARTMENT OF REVENUE DIVISION OF TAXATION**

EXCISE TAX SECTION

One Capitol Hill, Providence, RI 02908-5800

Application for Cigarette Dealer's License

(THIS FORM FOR VENDING MACHINE OPERATORS ONLY)

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INSTRUCTIONS:		RECEIVING DATE
1. Use form T-5A if more than one m	achine is to be licensed.	RECEIVING DATE
2. All questions must be answered on	this application before license will b	e issued.
ISSUE LICENSE TO:		j
Name of owner (Please print or type)		
Trade Name		4
Street Address		
Post Office	City of Town	State Zip Code
Name of person or firm on whose premises ma	chine(s) will be located	
Address		
Nature of business where machine is located		
Number of licenses applied for	Number of fo	rms T-5A attached
Date(s) machine(s) is or are to be installed on	location	
Type of license you now hold	Type of mach	ine (cigarette)
How many cigarette vending machines do you	operate in R.I.? Are vending i	machines listed on this application new?
Name — from whom were the machines listed	on this application purchased	
Address		
the above mentioned VENDING MACH	INE, and certifies that the informat ned further agrees to notify the Divis	MANENT CIGARETTE DEALER'S LICENSE for tion given on this form is true and correct, to the best sion of Taxation, upon request, of the current location
Date	Signature of applicant	

FOR OFFICE USE ONLY

LICENSE NUMBER _____

DATE ISSUED _____

ISSUED BY

TYPE LICENSE

IMPORTANT

This application must be accompanied by a fee of Twenty-Five Dollars (\$25.00) per machine. Remittance may be made by postal or express money order, cashier's check or certified check. All remittances shall be made payable to the Tax Administrator. Application may be made in person or mailed to the Division of Taxation, One Capitol Hill, Providence, RI

Sec. 44-20-2, of the General Laws of 1956, as amended, provides that no person or firm may sell digarettes in this State unless licensed to do so by the Tax Administrator. Penalty for the first violation is a maximum of \$100.00.