



Application for Wholesale Cigarette Dealer's License

For the period from _____, 20____ to _____, 20____

Ohio Revised Code (R.C.) section 5743.01 defines "wholesale dealer" to include "only those (1) persons who bring in or cause to be brought into this state unstamped cigarettes purchased directly from the manufacturer, producer or importer of cigarettes for sale in this state, but does not include persons who bring in or cause to be brought into this state cigarettes with respect to which no evidence of tax payment is required thereon, as provided in R.C. section 5743.04; (2) persons engaged in the business of selling cigarettes to others for the purpose of resale."

1. Name of dealer*	
2. Trade name (if other than above)	
3. FEIN	Social Security number
Date	Fee \$

*(If sole owner, print individual's full name; if partnership, print full names of all partners; if corporation, print corporation's name and Ohio corporation charter number. If a foreign corporation, give certificate number issued by secretary of state authorizing transaction of business in Ohio. R.C. section 1703.01 et seq.)

4. Check whether dealer operates as

- Sole owner Partnership Corporation Fiduciary Association LLC LLP Other

If corporation, list below the titles, names, addresses and Social Security numbers of all corporate officers or association officers or partners.

Title	Name	Address	Social Security no.

Federal Privacy Act Notice

Because we require you to provide us with a Social Security number, the *Federal Privacy Act of 1974* requires us to inform you that providing us with your Social Security number is mandatory. Ohio Revised Code sections 5703.05,

5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.

5. Applicant is engaged in the business of selling cigarettes to others for purposes of resale from the following place of business. **Applicant does not sell cigarettes both as a retail dealer and as a wholesale dealer from the place of business listed below.**

Street

City

State

ZIP

License no. assigned

6. E-mail address _____

7. Residence address of dealer or home office of corporation, if different from line 5.

Street	City	State	ZIP
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I declare under penalties of perjury that the above statements have been examined by me and to the best of my knowledge and belief is a true, correct and complete report.

Signature of dealer or officer of company	Title	Telephone number
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All questions on this application should be fully answered before the licenses requested hereon are issued.

License Information

A cigarette dealer's license does not authorize the licensee to engage in the business of trafficking in cigarettes at any place of business in this state other than that specified thereon.

If this is a renewal license, there is a \$1,000 application fee. If this is a new application mailed after the fourth Monday in May, please use the proration chart found on our Web site to determine the application fee.

In the event that a business is moved from one location to another, a replacement license is needed. A \$25 replacement fee is imposed for a replacement license.

In the event that a business is sold, an individual or partnership incorporates his or their business, or a partnership or corporation is dissolved, the cigarette license that has been issued to a dealer prior to the occurrence of any such event may not be used. A new license must be obtained.

Important Notice: Ohio passed legislation that prohibits the sale of cigarettes in Ohio that have not been approved by the attorney general's office. A list of brands legal for sale in Ohio can be found at www.ohioattorneygeneral.gov. This list is periodically updated. It is illegal to possess, for sale in Ohio, any brand not listed on this site.