



ALABAMA DEPARTMENT OF REVENUE

SALES, USE & BUSINESS TAX DIVISION

TOBACCO TAX SECTION

P.O. Box 327555 • Montgomery, AL 36132-7555 • (334) 242-9627

www.revenue.alabama.gov

TOB: APP-R
9/08

Application For Tobacco Stamping Permit (RESIDENT WHOLESALER)

TO THE ALABAMA DEPARTMENT OF REVENUE:

1. We, _____, whose place of business is located at _____, in _____, Alabama _____ do hereby apply for a wholesaler's or jobber's permit as required by *Code of Alabama 1975*, Section 40-25-16. If permit is issued, we agree not to pass on any part of the seven and one-half percent discount allowed by the State on the purchase of stamps. We also furnish the following information:

2. FEIN / SSN: Telephone number: / -
3. Contact Person: _____ Title: _____
E-Mail Address: _____

4. Type of Business Entity:
 Individually Owned Partnership Corporation Limited Liability Co. (LLC) Other _____

List below the names, identifying number (social security or FEIN number), and address of all owners, partners, corporate officers, and LLC members. Attach additional sheets if space is not sufficient.

NAME	SSN/FEIN (Identifying #)	TITLE	HOME ADDRESS

If you are a LLC, are you a single-member or multi-member.

For Federal income tax purposes, have you filed Internal Revenue Service (IRS) form 8832 electing to be treated as a corporation? Yes No If yes, please attach a copy to this form.

5. List types of tobacco products you plan to distribute: _____

6. The Tobacco Master Settlement Complementary Legislation Act requires wholesalers and distributors to submit reports to the Alabama Department of Revenue that show the total number of cigarettes or in the case of roll-your-own, the equivalent stick count for which the wholesalers and distributors affixed stamps during the previous month or otherwise paid the tax due. It is unlawful for a wholesaler or distributor to stamp, sell, offer, or possess for sale cigarettes that are manufactured by a manufacturer that is not in full compliance with this Act. A wholesaler or distributor can lose their stamping privileges or registration number if they have activity with a manufacturer that is not in full compliance with the above Act and the NPM Escrow Provisions of Title 6, Chapter 12. Pursuant to the above Act, the statement below must be signed and notarized in order to complete the application process.

Under penalties of perjury, we hereby certify that we will comply fully with the provisions of the Tobacco Master Settlement Complementary Legislation Act.

Firm: _____

Signature: _____

OVER

Type or Print Signature Name: _____

Title: _____

Sworn to and subscribed before me this the _____ day of _____, _____.

Notary Public: _____

- 7. Do you plan to set aside products for shipment out-of-state? Yes No
- 8. Indicate if you are a Retailer Wholesaler or Manufacturer.
- 9. List counties in which you plan to do business: _____

- 10. Do you sell any taxable tobaccos to any person who is not a legitimate retail dealer? Yes No
- 11. Do you sell to anyone under any circumstances any article of tobacco in less than wholesale quantities? Yes No
- 12. How many retail stores do you operate in this State engaged in the sale of taxable tobaccos? _____
- 13. Do you operate a retail department and a wholesale department engaged in the sale of taxable tobaccos under the same roof? Yes No
- 14. How many sales representatives do you employ soliciting orders of taxable tobacco? _____
- 15. What territory do these representatives cover? _____
- 16. How many people do you employ for stamping tobacco? _____
- 17. Do you keep a permanent record of all taxable tobaccos received by your firm? Yes No
- 18. How many delivery trucks do you operate? _____
- 19. Do you distribute tobacco products to individuals operating their own vehicle(s) for distributing or transporting products to others? Yes No
- 20. Is your firm one of a chain? Yes No
If yes, state the name and location of other stores in this chain located within Alabama: _____

- 21. List the name and address of the manufacturers from whom you purchase taxable tobaccos direct (add sheet if needed):
 - 1. _____
 - 2. _____
 - 3. _____
 - 4. _____
 - 5. _____

- 22. Do you buy taxable tobaccos from other jobbers? Yes No If yes, in what quantities? _____
- 23. **We must receive a letter of intent from three (3) of your tobacco manufacturers. These letters must state the manufacturer's intent to sell tobacco products to your company and must be mailed to our office directly from the manufacturer.**

Under penalties of perjury, we hereby certify the above information to be true and correct.

Firm: _____

Signature: _____
(If you are a LLC, and all members Do Not sign the application, complete form TOB: LLC-AUTH)

Type or Print Signature Name: _____

Title: _____

Sworn to and subscribed before me this the _____ day of _____, _____.

Notary Public: _____