



ALABAMA DEPARTMENT OF REVENUE BUSINESS & LICENSE TAX DIVISION

TOBACCO TAX SECTION

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

OFFICE USE ONLY
Registration No.
Effective Date

Tobacco Products Registration Form

THIS FORM MUST BE COMPLETED BY WHOLESALERS OF OTHER TOBACCO PRODUCTS (OTP) ONLY AND RETAIL DISTRIBUTORS (INCLUDING DELIVERY SELLERS DISTRIBUTING CIGARETTES OR SMOKELESS TOBACCO TO CONSUMERS) RECEIVING/SELLING TOBACCO PRODUCTS FOR WHICH THE STATE AND/OR STATE-ADMINISTERED COUNTY TAXES HAVE NOT BEEN PAID.

1. NAME OF COMPANY (INDIVIDUAL'S NAME IF DI	RECT CONSUMER OF THE PRODUCT)		2. FEIN		
3. ADDRESS			SOCIAL SECURITY NUMBER		
4. CITY	STATE	COUNTY	ZIP		
5. CONTACT PERSON	1	TITLE	6. TELEPHONE NUMBER		
7. E-MAIL ADDRESS (According to §6-12A-3(b)(4), Cigarettes Approved for Stamping and Sale in Alab			or purposes of receiving notification of updates to the Directory of		
7(a). Are vou a Delivery Seller? (i.e.	seller of cigarettes or smok	eless tobacco to a co	insumer in Alabama if the consumer submits the		
· · · · · · · · · · · · · · · · · · ·	_		or other online service where the seller is not in		
the buyer's physical presence) Yes No					
7(b). If the answer is Yes, provide all website addresses from which sales are made:					
7(a) If you are legated outside of Al	ahama and you are colling	transforring or chinning	ng for profit cigarettes or smokeless tobacco in		
* * *	•	•	ess tobacco for sale, transfer, or shipment in		
Alabama, complete form TOB:	-	cigarettes of sillokele	ss tobacco for sale, transfer, or shipment in		
8. IF APPLICABLE, ADDRESS AT WHICH TOBACCO		DENT FROM AROVE			
6. IF APPLICABLE, ADDRESS AT WHICH TOBACCO	J PRODUCTS ARE RECEIVED IF DIFFER	RENT FROM ABOVE.			
9. CITY		STATE	ZIP		
			- -		
10. TYPE OF BUSINESS ENTITY:					
	artnership Corporation	Limited Liabilit	y Co. (LLC) Other		
· ·					
LLC members. Attach additional she		•	ess of all owners, partners, corporate officers, and		
NAME	SSN/FEIN (Identifying #)	TITLE	HOME ADDRESS		
IVAIVIL	331VI LIIV (Identiliyilig #)	11122	FIONE ADDITESS		
If you are a LLC, are you a sing	le-member or multi-mem	nber?			
· · · · · ·		ue Service (IRS) form	n 8832 electing to be treated as a corporation?		
	attach a copy to this form.				
	. ,				
	•		n initial license or renewal of an expired or		
cancelled license on or after Ja	nuary 1, 2020, who is in the	business of selling to	bacco or alcohol, to purchase and maintain a one-		
time surety bond for a two-year	period in the amount of \$25	,000.			
Have you purchased a \$25,000	surety bond? Yes] No			
If ves, please provide a copy of	the surety bond. If no. pleas	se contact the Sales 8	d Use Tax Division at (334) 242-1490.		
NOTE: This application cannot	•		(00) = 1		
1401E. This application cannot	be processed without the su	noty bond.			
		ate/county business p	rivilege license which allows you to sell, offer for		
sale or store tobacco products?	P Yes No				
13 Are you the direct consumer of	the product? (i.e. are you or	dering the product an	d having it shipped to you for your personal		
	No	doming the product an	a naving it shipped to you for your personal		

14.	List type of tobacco products (not brands) you plan to receive for distribution or use in Alabama: Note: If you are a wholesaler of cigarettes, you MUST complete the appropriate Application for Tobacco Stamping Permit. However, if you purchase cigarettes tax paid from another wholesaler, you would complete this application.				
15.	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:				
	Name (Please Print):				
	Signature:				
	Title:				
	Sworn to and subscribed before me this the day of,				
	Notary Public:				
16.	Do you plan to affix the Alabama revenue stamp to cigarettes? Yes No				
17.	Will cigarettes be stamped with the Alabama revenue stamps?				
18.	Will cigarettes be stamped with the appropriate county revenue stamp?				
19.	List tobacco suppliers name(s) and address(es) (attach additional sheets if necessary):				
20	Indicate if you are a: Wholesaler Retailer Manufacturer or Semijobber				
20.	Indicate if you are a: Wholesaler Retailer Manufacturer or Semijobber Note: If you are a wholesaler of cigarettes, you MUST complete the appropriate Application for Tobacco Stamping Permit.				
	Note: <i>Semijobber</i> is defined as an entity that buys tobacco products from permitted wholesalers or obtains tobacco from other sources and sells at wholesale to licensed retail dealers for the purpose of resale only.				
21.	Do you sell tobacco products to persons who are reselling the product? Yes No If Yes, you are required to file a sales for resale report.				
22.	List counties in which you plan to conduct business or county in which you reside if you are the consumer:				
23.	Are your suppliers, listed in item 19, personally soliciting your business? Yes No				
24.	How are deliveries of tobacco products made to you? Supplier's Vehicle Common Carrier Mail Order Other (please explain)				
25.	Will you distribute tobacco products other than cigarettes (OTP)? If yes, you must file the required monthly state/county tobacco tax returns. Yes No				
26.	If out-of-state company, is your business registered with your home state? Please provide a Certificate of Good Standing. Yes No				
27.	Have any of the persons shown in item 10 been convicted of a felony in Alabama or anywhere in the U.S.? Yes No				
Firn	n:				
Sic	nature: Title:				