TOB: Rep-A 1/13



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	
Certification Date	
Certification No.	
Amount Paid	
Processed By	

Application For Permit To Transport & Distribute Taxable Tobaccos

As Required By Code of Alabama 1975, Section 40-25-19

Name of Applicant: (Please Print)			
Home Address: (Street / P.O. Box)	(City / Town)	(State)	(Zip)
Business Address: (Street / P.O. Box)	(City / Town)	(State)	(Zip)
Telephone Number: (Work)	(Home))	
Name of Tobacco Manufacturer You Are Employed By:			
Do you currently distribute tobacco products in Alabama	a? Yes 🗌 No 🗌		
Do you currently hold a permit to transport and distribu	te taxable tobaccos? Yes	☐ No ☐ Permit N	lo
Date you became a representative/agent transporting an	nd distributing tobaccos for	this manufacturer:	
DESCRIPTI	ON OF APPLICANT		
Color of Hair: Color of Eyes: Height: Weight: Age:		Sex	:
Make of Vehicle: (e.g. Ford, Chevrolet, Toyota, etc.)	Body Type: (e.g. 2-door, 4	-door, van, truck, SUV, etc.)	
License Plate Number:	Year:	Color:	
Driver's License Number:	_ Driver's License Issued I	By What State:	
VIN Number:			
*Amount Paid With This Application: \$			
I hereby certify that the ab	ove statements are true and	correct.	
Applicant's Signature		Date	

PERMIT IS FOR THE PERIOD OCTOBER 1 THROUGH SEPTEMBER 30

State and/or county tax is due on all samples or promotional tobacco products distributed into Alabama. All taxable activity by the manufacturer's representatives must be paid and reported on the manufacturer's monthly tobacco tax return or report.

^{*}Application must be accompanied by a \$50.00 permit fee made payable to Alabama Department of Revenue and mailed to the address above. All areas of the application must be completed or application will be returned.