



Application for Other Tobacco Products Distributor License

For the period Feb. 1, 20____ to Jan. 31, 20____

Legal name	FEIN		
DBA	Social Security number		
Street	Contact person		
City	State	ZIP code	Telephone number

1. E-mail address: _____
 If you wish to receive notification of any changes to the attorney general's tobacco directory, please visit our Web site and sign up for OH-TAX Alert (tax.ohio.gov/ohiotaxalert/isUserinfo.asp). When subscribing, clicking on the select all groups will uncheck all of the taxes. You will then want to click on the tobacco (including MSA) box.

2. Business structure:
 Sole owner Partnership Corporation Fiduciary Association LLC LLP Other

3. Type of business:
 Wholesale Retail Secondary distributor (purchasing tax-paid product for resale)

4. List below the titles, names, addresses and Social Security numbers of all corporate officers, association officers or partners.

Title	Name	Address	Social Security No.

Federal Privacy Act	
Because we require you to provide us with a Social Security account number, the <i>Federal Privacy Act of 1974</i> requires us to inform you that your providing us your Social Security number is mandatory. Ohio Revised Code sections (R.C.)	5703.05, 5703.057 and 5747.08 authorize us to request this information. Social Security numbers are needed in order to administer this tax due to responsible party obligations authorized by R.C. 5743.57.

I declare under penalties of perjury that the above statements have been examined by me and to the best of my knowledge and belief are true, complete and correct.

Signature _____ Title _____ Date _____

A separate application is required for each business location. This is an annual license that must be renewed by Feb. 1 of each year. If this is a renewal license, there is a \$1,000 application fee. If this is a new application mailed after Feb. 1, please use the proration chart found on our Web site to determine the application fee. Mail the application and the fee to the Ohio Department of Taxation, Excise Tax Section, P.O. Box 530, Columbus, OH 43216-0530.