



Renewal Application for Registration of Retail Dealers and Vending Machines for Sales of Cigarettes and Tobacco Products

DTF-719-MN
(7/05)

C06

Use this form to renew registration for all or any portion of the period from
January 1, 2006, through December 31, 2006.

Print or type	Legal name of business	Date
	DBA (doing business as)/trade name	Sales tax vendor identification number
	Mailing address: c/o name	
	Number and street	
	City, state, ZIP code	

Read the instructions (Form DTF-719-I) before completing this form.

Use this form to renew the registration for retail dealer certificates and vending machine certificates only if you are currently registered for the year 2005. If registering for the first time, use Form DTF-716, *Application for Registration of Retail Dealers and Vending Machines for Sales of Cigarettes and Tobacco Products*. (See *General information and When to File* on Form DTF-719-I.)

1. Business telephone number: () _____

2. Change of mailing address:

☐ Mark an X here if you have changed your mailing address. Enter this new address in the area above.

3. Mark an X in the box(es) that describes how the cigarettes or tobacco products are sold at retail:

☐ Retail locations ☐ Carts, trucks, stands, etc. ☐ Vending machines

	A Number	B Cost of each	C Amount due (A x B)	D Code
4. Certificates of registration (from Part A)		\$100	\$	7007
5. Vending machine registration certificates (from Part B)		\$25	\$	7008
6. Total amount due (add lines 4 and 5, column C)			\$	

Note: Vending machine registration certificates and certificates of registration for the period January 1, 2006 through December 31, 2006 will not be issued before December 1, 2005.

For office use only

- Attach check or money order for the amount on line 6 payable to: *New York State Sales Tax*.
- Write your sales tax vendor identification number, *Form DTF-719*, and the year for which you are registering on the front of your check or money order.
- Mail your application and remittance on or before September 20, 2005.
- Do not mail this application in the envelope provided with your sales tax return.

Mail to:

Signature of applicant	
Title	
Daytime telephone number ()	Date

NYS TAX DEPARTMENT
JAF BUILDING
PO BOX 1222
NEW YORK NY 10116-1222

In column A, indicate whether you are currently making retail sales of cigarettes or tobacco products. In columns B and C, list the business name and address for each business location at which you are making retail sales of cigarettes or tobacco products. For business name, enter trade name, DBA (doing business as) name, or assumed name if different from your legal name. If you sell cigarettes or tobacco products from your main physical address, list it first. Attach additional sheets if necessary.

[illegible]

Total number of certificates of registration required

Enter this total on page 1, line 4, column A _____

Part B - Vending machine registration certificates (\$25 each)

Vendor name: _____

Vendor ID: _____

Period designator: C06

In columns A through C, list the business name and address where each of your vending machines is located and each machine's serial number. If you have several machines at one location, enter the address only once, but enter the serial numbers of every machine at the location. Attach additional sheets if necessary.

A Business name	B Address where vending machine is located (report each machine separately in column C)	C Serial number of each vending machine
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
Total number of vending machine registration certificates required		

Carry forward to next page or, if last page of Part B,
enter this total on page 1, line 5, column A



Part B - Vending machine registration certificates (\$25 each) (continued)

A Business name	B Address where vending machine is located <i>(report each machine separately in column C)</i>	C Serial number of each vending machine
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
Number of vending machine registration certificates from previous page		
Total number of vending machine registration certificates required		

Carry forward to next page or, if last page of Part B,
enter this total on page 1, line 5, column A

