



Dennis G. Kennedy, CPA, Fiscal Officer

CIG 40
Rev. 3/14

General Services, Room 1-200
2079 East Ninth Street
Cleveland, OH 44115-1302

Application for Retail Cigarette Dealer's License

(Please mail two copies to the office of the county auditor.)

For the period from _____ 20____ to _____ 20____

To the auditor of _____ County Date _____

Taxing district _____ Fee _____

Pursuant to R.C. 5743.15, the applicant herein has paid the required fee to the county treasurer for each place of business specified below and hereby requests a license to sell cigarettes at retail at each of those places of business.

1. Name of dealer _____
(If sole owner, print individual's full name; if partnership, print full names of all partners; if corporation, print corporation's name and Ohio corporation charter number. If a foreign corporation, give certificate number issued by secretary of state authorizing transaction of business in Ohio. R.C. 1703.01 et seq.)

2. Check whether dealer operates as:
 Sole owner Partnership Corporation Fiduciary Association LLC LLP Other

3. List below the titles, names and address of all corporate officers, association officers or partners

Title	Name	Street	City	State	ZIP

4. Trade name (if other than above) _____

5. Sales tax vendor license number (required) _____

6. Federal employer identification number or, if none assigned for reporting federal taxes, please enter your Social Security number

FEIN

Social Security number

7. Place of business (the license fee must be paid for each business location listed)

Street	City	State	ZIP	License no. (Filled in by county)	License fee (Filled in by county)

(Additional places to be listed on separate sheet and attached hereto.)

8. E-mail address _____

9. Residence address of dealer or home office of corporation

Street	City	State	ZIP
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I declare under penalties of perjury that the above statements have been examined by me and to the best of my knowledge and belief is a true, correct and complete report.

Signature of dealer or officer of company _____

Telephone number _____

All questions on this application should be fully answered before the licenses requested hereon are issued. For further license information, see reverse side of this form.