



**Department of Taxation**  
 P.O. Box 530  
 Columbus, OH 43216-0530

CIG 40  
 Rev. 3/14

## 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. <small>(Filled in by county)</small>	License fee <small>(Filled in by county)</small>

(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.