



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

CIG 40
 Rev. 10/09

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. Trade name (if other than above) _____

3. Sales tax vendor license number (required) _____

4. Federal employer identification number or, if none assigned for reporting federal taxes, please enter your social security number

| |
|------|
| FEIN |
| |

| | | |
|------------------------|--|--|
| Social security number | | |
| | | |

5. Check whether dealer operates as
 Sole owner Partnership Corporation Fiduciary Association

6. 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) |
|--------|------|-------|-----|--------------------------------------|--------------------------------------|
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(Additional places to be listed on a separate sheet and attached hereto.)

7. Email address _____

8. Residence address of dealer or home office of corporation

| | | | |
|--------|------|-------|-----|
| Street | City | State | ZIP |
|--------|------|-------|-----|

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.