

VT Form CTT-647	VERMONT WHOLESALE CIGARETTE AND TOBACCO DEALER LICENSE APPLICATION
---------------------------	---

TYPE or PRINT - Incomplete and/or illegible applications will be returned.

Business Information

Business/Entity Type (check ONE)

- Sole Proprietor (Individual, Married, or Civil Union)
 Partnership
 S-Corporation
 C-Corporation
 Single Member LLC
 LLC
 Other _____

Owner (Name of Corporation, LLC, or Partnership)	FEIN
--	------

OR

Individual Last Name (Sole Proprietor only)	First Name	MI	Social Security Number
Spouse/CU Partner Last Name (Sole Proprietor only)	First Name	MI	Spouse/CU Partner Social Security Number

Trade Name or d/b/a			Primary Contact Name (Last, First, Middle)	
Business Mailing Address			Telephone Number	
City	State	ZIP Code	Fax Number	
E-mail Address			Business Activity (check all that apply) <input type="checkbox"/> Manufacturer <input type="checkbox"/> Retailer <input type="checkbox"/> Dealer	
Business Physical Address				
City	State	ZIP Code		

Principal Owners - List if the applicant is a corporation, partnership, or LLC (ownership of 10% or more).

PRINCIPAL OWNER #1

Last Name	First Name	MI	For Department Use Only	
Address		City	State	ZIP Code

PRINCIPAL OWNER #2

Last Name	First Name	MI	For Department Use Only	
Address		City	State	ZIP Code

PRINCIPAL OWNER #3

Last Name	First Name	MI	For Department Use Only	
Address		City	State	ZIP Code

(continued on next page)

Entity name
FEIN

Questions

- 1. Has your business previously applied for a Vermont Wholesale Cigarette and Tobacco Dealer License? Yes No
- 2. Do you have multiple locations with Cigarette and Tobacco inventory? Yes No
- 3. Do you sell unstamped cigarettes or small cigars to businesses or customers outside of Vermont? Yes No
- 3a. If you answered "Yes" to Question #3, which state(s): _____

4. List addresses of all warehouses or storage facilities where Vermont stamped cigarettes handled by you are stored.

Address	City	State	ZIP Code
Address	City	State	ZIP Code
Address	City	State	ZIP Code
Address	City	State	ZIP Code

- 5. Will you be sending **samples** of unstamped cigarettes or small cigars to licensed Vermont Dealers? Yes No
- 6. Will you be affixing **tax stamps** to packages of cigarettes purchased for sale to retailers? Yes No
- 7. Will you be purchasing for sale any of the following products from out-of-state unlicensed suppliers:
 - 7a. Cigars, cigarillos, chewing tobacco, pipe tobacco, blunts and wraps, new smokeless tobacco, snus, orbs, "dry" snuff in pouches, or smokeless hard tobacco? Yes No
 - 7b. Snuff? Yes No
 - 7c. Roll-your-own tobacco? Yes No
 - 7d. Little cigars? Yes No
 - 7e. Electronic cigarettes? Yes No
 - 7f. Other? _____ Yes No

If the products you are selling change, it is your responsibility to notify the Vermont Department of Taxes in writing.

Signature

I hereby certify that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and complete.			
Signature		Date	
Printed Name	Title	Telephone Number	