



# APPLICATION FOR CIGARETTE IMPORTER OR MANUFACTURER'S LICENSE

State Form

## INDIANA ALCOHOL & TOBACCO COMMISSION

302 W. Washington Street, Rm. E114

Indianapolis, Indiana 46204

Tobacco Enforcement: (317) 234-4315

Web page: <http://www.IN.gov/atc>

### STEP 1. GENERAL INFORMATION

Name of Business Entity		Business telephone number ( ) -		E-mail address	
Address of principal place of business		City	County	State	Zip
Mailing Address (if different than business)		City	County	State	Zip
Name of Contact Person	Check one: <input type="checkbox"/> Renewal <input type="checkbox"/> Original application	License number (if renewal)		License Expiration (if renewal)	

### STEP 2. BACKGROUND

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you, the applicant, owe at least five hundred dollars (\$500) in taxes imposed under Indiana Code 6-7-1-12.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you the applicant had your tobacco importer or manufacturer's license revoked within the last two (2) years?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you, the applicant, violated Indiana Code 24-3-4?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you, the applicant, committed any offense under Indiana Code 6-7-1-21 and been found guilty or plead guilty?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you, the applicant, in compliance with Indiana Code 24-3-3-12?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you understand that cigarettes have to be sold in a pack or carton and that selling single cigarettes is illegal?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you understand that this license is not transferable?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you understand that the term of this license is one (1) year?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you attached the complete list of cigarette distributors licensed in Indiana that you provide cigarettes to?

### Indiana Code Reference

Any Indiana codes referenced above can be found at <http://www.in.gov/legislative/ic/code/> . It is recommended that the applicant review these codes to ensure compliance with Indiana law.

### STEP 3. FEE AND PAYMENT SCHEDULE

**There is no fee for this One Year License. You may apply in person or by mail.**  
**You must provide a complete listing of all distributors in which you provide cigarettes that do business in Indiana.**  
**More information may be found online online at <http://www.IN.gov/atc>.**

### STEP 4. SIGNATURE AND AFFIRMATION

I certify that this application was completed by myself. I affirm under penalty of perjury that all information provided on this form is true and correct. I understand that it is a felony under Indiana law to misrepresent or falsify any portion of this application.

Signature of applicant	Date signed (month, day, year)
------------------------	--------------------------------

