



CIG - 1A
SF 48477
(R2 /10-07)

INDIANA DEPARTMENT OF REVENUE
P.O. BOX 901
ATTN: SPECIAL TAX LICENSING
INDIANAPOLIS, IN 46206-0901

*This form must be submitted 30 days prior to:
a) the expiration of your current license or,
b) the date you begin your business.

You may not do business without your certificate.

FOR OFFICE USE ONLY					
CIG					

APPLICATION FOR CIGARETTE DISTRIBUTOR'S REGISTRATION CERTIFICATE

Renewal New Certificate

Applicant's Name - Enter individual, partnership, or corporation name			Federal ID Number		
Business/Trade Name (if different than above)		Telephone Number		Owner's Social Security #	
Mailing Address (Street or P.O. Box Number)		City or Town	County	State	Zip Code
Physical Address of Business		City or Town	County	State	Zip Code

Type of Ownership: Sole Proprietorship Partnership Corporation

If Corporation: Date of Incorporation:

If Foreign Corporation: Date of Acceptance by Indiana Secretary of State:

If an Indiana Corporation or a Foreign Corporation, Give Name and Address of Resident Agent:

Identification of Partners or Corporate Officers:

Name (last name first)	Social Security Number	Address	City	State	Zip Code	Title

Are You registering to be a STAMPING DISTRIBUTOR? Yes No

Does Applicant Presently Hold an OTP License? Yes Number _____ No

Does Applicant Presently Hold a Cigarette License? Yes Number _____ No

Has Applicant Previously Held a Cigarette License? Yes Number _____ No

Does Applicant Presently Hold an Indiana Registered Retail Merchants Certificate? Yes Number _____ No

Does Applicant Presently Hold Any Other License or Permits Issued by any State Agency? (Please List Below) Yes No

STATE AGENCY	TYPE OF LICENSE OR PERMIT	NUMBER

Audit Information:	
Location Where Records Will Be Available For Audit:	
Phone Number of Location Of Audit Records:	
Phone Number of Business Location:	
Indicate Address and Certificate Number of Each Location In Which You Have Cigarettes in Storage	
Location	Cigarette Number

From What Source do you intend to buy Cigarettes?
 ____ A. Direct from Manufacturer
 ____ B. Wholesaler outside the State of Indiana: Unstamped _____ Stamped _____
 ____ C. Indiana Distributor: Unstamped _____ Stamped _____

IF YOU INTEND TO PURCHASE CIGARETTES PRESTAMPED FOR RESALE IN INDIANA, YOU MUST PROVIDE THE FOLLOWING INFORMATION FOR AT LEAST TEN CUSTOMERS.

RETAILER	ADDRESS	PHONE NUMBER	RETAIL MERCHANTS CERTIFICATE NUMBER
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Does Your Company Expect to Sell Cigarettes Into Another State? Yes _____ No _____
 If Yes, List the State(s) and License/Certificate Number(s): _____

I hereby declare under penalties of perjury that the information contained in this return, including accompanying schedules and statements, is true, correct and complete to the best of my knowledge and belief.

Signature of Taxpayer or Agent	Title
Telephone Number	Date