



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)
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