



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

CIG 40  
Rev. 3/20

## 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. Check whether dealer operates as:

Sole owner  Partnership  Corporation  Fiduciary  Association  LLC  LLP  Other

3. List below the titles, names and address of all corporate officers, association officers or partners

| Title | Name | Street | City | State | ZIP |
|-------|------|--------|------|-------|-----|
|       |      |        |      |       |     |

| Title | Name | Street | City | State | ZIP |
|-------|------|--------|------|-------|-----|
|       |      |        |      |       |     |

4. Trade name (if other than above) \_\_\_\_\_

5. Sales tax vendor license number (required) \_\_\_\_\_

6. Federal employer identification number or, if none assigned for reporting federal taxes, please enter your Social Security number

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

|                        |
|------------------------|
| Social Security number |
|                        |

7. Place of business (the license fee must be paid for each business location listed)

| Street | City | State | ZIP | License no.<br>(Filled in by county) | License fee<br>(Filled in by county) |
|--------|------|-------|-----|--------------------------------------|--------------------------------------|
|        |      |       |     |                                      |                                      |

| Street | City | State | ZIP | License no.<br>(Filled in by county) | License fee<br>(Filled in by county) |
|--------|------|-------|-----|--------------------------------------|--------------------------------------|
|        |      |       |     |                                      |                                      |

(Additional places to be listed on separate sheet and attached hereto.)

8. E-mail address \_\_\_\_\_

9. 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.