



# Nevada Department of Taxation

Website: <http://tax.nv.gov>

1550 College Parkway, Ste 115

Carson City, Nevada 89706-7937

Phone (775) 684-2000 Fax (775) 684-2020



## Application for a Cigarette Wholesale, Cigarette Manufacturer, Other Tobacco Products Wholesale and/or Tobacco Retail License

*Cigarette Wholesale License Fee is \$150.00 annually (Nevada Revised Statutes 370.150) or prorated by quarter as follows:*

*Jan-Mar \$150.00, Apr-June \$112.50, July-Sept \$75.00, Oct-Dec \$37.50*

*A minimum \$1,000.00 security bond is required for all Cigarette Wholesale Dealers (NRS 370.155)*

Check All That Apply	Cigarette Wholesale	Cigarette Manufacturer	Other Tobacco Products (OTP) Wholesale	Tobacco Retail
Date You Intend to Start Selling Tobacco Products:			Federal Identification #:	
Entity Type (Owner, Partnership, LLC, Corporation, Tribal Other):			State of Incorporation:	
Corporation Name:				
Doing Business As (DBA)/Fictitious Firm Name:				
Registered Agent Name:		RA Address:		
Does Applicant Hold a State Business License? <input type="checkbox"/> Yes <input type="checkbox"/> No		County and/or City? <input type="checkbox"/> Yes <input type="checkbox"/> No		Where?
<b>Attach copies of all applicable State, local or Tribal government licenses and/or registrations held by the applicant business. If business is based outside of Nevada, attach current NV Registered Agent Acceptance Form.</b>				
Corporation Address:				
Location Mailing Address:				
Location Physical Address:				
Business Website:		Business Email Address:		
Business Phone Number:		Business Fax Number:		
<b>OWNERS/OFFICERS/PARTNERS:</b> Complete the information below for all owners, partners, corporate officers, managers, members, etc. and for wholesale licenses <b>provide a copy of current state driver's license or other state identification for each named individual.</b> If owner is not an individual person, provide current state and/or tribal entity registration and the names, titles, residential addresses, and SSNs of each officer of the organization ( if needed, attach additional sheets).				
Name:		Title:	SSN#:	
Residential Address:		City, State, Zip:		% Owned:
Name:		Title:	SSN#:	
Residential Address:		City, State, Zip:		% Owned:
Name:		Title:	SSN#:	
Residential Address:		City, State, Zip:		% Owned:
Name:		Title:	SSN#:	
Residential Address:		City, State, Zip:		% Owned:
Name:		Title:	SSN#:	
Residential Address:		City, State, Zip:		% Owned:
Person to Contact Regarding Monthly Reports:			Title:	
Contact Telephone Number:		Ext:	Contact Fax Number:	
Provide an Email Address to Receive Notifications of Changes to the Tobacco Directory:				
Please List All States in Which the Applicant Holds a Retail and/or Wholesale License: (if applicable, provide current copies of state licenses)				
Has Any Person(s) Directly or Indirectly Owning 10% or More of This Business Been Convicted of a Crime or Received Civil Penalties Related to Tobacco Enforcement? Criminal Charges: <input type="checkbox"/> Yes <input type="checkbox"/> No Civil Penalties: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, Provide Details, Including Final Outcome of All Tobacco-Related Charges and/or Penalties (if needed, add attachment)				

<b>Describe in Detail the Nature of Your Business in Nevada</b>

<b>If Applying for a Tobacco Retail Dealer's License, Complete This Section:</b>
<b>NOTE: This License Allows Businesses to Buy Cigarettes and OTP From Licensed Wholesale Dealers and Sell to Consumers Only.</b>
Do You Intend to Operate Cigarette Vending Machines? <span style="float: right;">YES <span style="margin-left: 100px;">NO</span></span>
List Names, Addresses, Phone Numbers & Email Addresses of Intended Vendors (if needed, attach a list):

<b>If Applying for an OTP Wholesale Dealers License, Complete This Section:</b>
<b>NOTE: This License Allows Buinesses to Buy OTP Products From Nevada Licensed and Unlicensed Wholesale Dealers and Sell to Nevada Licensed OTP Wholesale Dealers and Retail Dealers.</b>
Will You Be Selling Roll-Your-Own (RYO) Cigarette Tobacco? <span style="float: right;">YES <span style="margin-left: 100px;">NO</span></span>
Will You be Importing Tobacco From Out-of-Country Vendors? <span style="float: right;">YES <span style="margin-left: 100px;">NO</span></span>
List Names, Addresses, Phone Numbers and Email Addresses of Intended Vendors (if needed, attach a list):
List Names, Addresses and Phone Numbers of Intended Customers (if needed, attach a list):
List Names, Addresses, Phone Numbers and Email Addresses of Intended Vendors (if needed, attach a list):

<b>If Applying for a Cigarette Wholesale Dealers License, Complete This Section:</b>
<b>NOTE: This License Allows Businesses to Purchase Cigarettes From Nevada Licensed Manufacturers and Wholesale Dealers, Purchase and Affix Nevada Indicia, and Sell to Nevada Licensed Wholesale Dealers and/or Retail Dealers.</b>
Will You Be Affixing Nevada Indicia to Packages of Cigarettes? <span style="float: right;">YES <span style="margin-left: 100px;">NO</span></span>
If Yes, Provide Stamp Machine Model and Serial Number:
List Names, Addresses, Phone Numbers and Email Addresses of Intended Vendors (if needed, attach a list):
List Names, Addresses and Phone Numbers of Intended Customers (if needed, attach a list):

<b>If Applying for a Cigarette Wholesale Dealers License (Continued)</b>	
List the Cigarette Brands You Intend to Sell (if needed, attach a list):	

<b>If Applying for a Cigarette Manufacturers License, Complete This Section:</b>	
<b>NOTE: This License Allows Businesses to Manufacture and Sell Cigarette and RYO Brands Listed on the Nevada Tobacco Directory to Licensed Nevada Wholesale Dealers.</b>	
In-State Representative Name:	Phone #:
In-State Representative Address:	
In-State Representative Email Address:	
Provide a List of all Cigarette and Roll-Your-Own (RYO) Cigarette Tobacco Brands Intended to be Sold Within the State of Nevada (if needed, attach a list):	

**BEFORE ANY MANUFACTURER CAN SELL CIGARETTES OR ROLL-YOUR-OWN (RYO) CIGARETTE TOBACCO IN THE STATE OF NEVADA, THEY MUST FIRST COMPLETE AN INITIAL TOBACCO MANUFACTURER CERTIFICATION FORM TO HAVE THEIR CIGARETTE BRANDS APPROVED FOR LISTING ON THE NEVADA TOBACCO DIRECTORY. THE FORM IS AVAILABLE AT [http://ag.nv.gov/Hot\\_Topics/Issue/Tobacco/](http://ag.nv.gov/Hot_Topics/Issue/Tobacco/) OR CONTACT THE NEVADA ATTORNEY GENERAL'S TOBACCO UNIT FOR MORE INFORMATION AT (775) 687-2100 OR [tobaccoenforcement@ag.nv.gov](mailto:tobaccoenforcement@ag.nv.gov).**

**ALL CIGARETTE BRANDS/STYLES MUST RECEIVE FIRE STANDARD COMPLIANT CERTIFICATION FROM THE NEVADA FIRE MARSHAL'S OFFICE. INSTRUCTIONS & APPLICATION FORMS ARE AVAILABLE AT <http://fire.nv.gov/bureaus/FPL/Cigarettes/> OR CONTACT THE NEVADA FIRE MARSHAL AT (775) 684-7526.**

<b>All Applicants Must Supply Three Business References With Whom They Have Conducted Business With:</b>		
Name:	Address:	Phone #:
Name:	Address:	Phone #:
Name:	Address:	Phone #:

<b>CERTIFICATION STATEMENT: EVERY OWNER, OFFICER, PARTNER &amp; OTHER PERSON AUTHORIZED TO MAKE DECISIONS FOR THIS COMPANY MUST SIGN THE APPLICATION.</b>		
<i>By signing I certify that, to the best of my knowledge under penalty of perjury, the information contained herein is correct and acknowledge that pursuant to Nevada Revised Statutes (NRS) 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing to the Nevada Department of Taxation. In addition, if I am granted a tobacco license, I understand that I am expected to comply with all tobacco laws, including, but not limited to NRS 370 and 370A, Nevada Administration Code, and all Federal laws. Noncompliance will result in civil penalties, revocation or suspension of my license and criminal prosecution.</i>		
Print Name:	Sign Name:	Date:
Print Name:	Sign Name:	Date:
Print Name:	Sign Name:	Date:
Print Name:	Sign Name:	Date:
Print Name:	Sign Name:	Date:
Print Name:	Sign Name:	Date:

**Additional Instructions:** To submit this form electronically, save this form to your computer. Once printed and signed by all applicable parties, email the completed application and attachments to [nevadaolt@tax.state.nv.us](mailto:nevadaolt@tax.state.nv.us) with 'Combined Cigarette and OTP Application' in the email subject line. Your email, including attachments, cannot exceed 10 MB. Applications can also be submitted via postal mail or fax to the address on the first page of this form.