



216370049

Legal Name and Trade Name (if applicable)				OFFICE USE ONLY
Mailing address / Street and Number				
City	County	State	ZIP Code +4	
Office telephone number or			FAX	
E-mail address				
Check Number _____ Amount \$ _____ Deposit Date _____ Approved _____ Date _____ License # _____ Stub # _____ Date Issued _____				

Check type of license(s) desired and if new or renewal

Cigarette Licenses

OTP Licenses

		Annual Fee			Annual Fee
<input type="checkbox"/> Wholesaler #	TW-	\$750.00	<input type="checkbox"/> OTP Wholesaler #	PW-	\$250.00
<input type="checkbox"/> Subwholesaler #	TS-	\$500.00	The fee for this OTP wholesaler license is waived if you currently have or are applying for a Cigarette Wholesaler's License or a Cigarette Subwholesaler license.		
<input type="checkbox"/> Vending Machine Operator #	TV-	\$500.00	<input type="checkbox"/> Licensed OTP Manufacturer #	PM-	\$25.00
<input type="checkbox"/> Manufacturer #	TM-	\$25.00	<input type="checkbox"/> OTP Storage Warehouse #	SW-	\$25.00
<input type="checkbox"/> Storage Warehouse #	TP-	\$25.00			

The following only applies to Cigarette Licenses:

<input type="checkbox"/> New Application Fee (Per Location) (Required for new license application)	\$200.00	<input type="checkbox"/> Renewal of Existing License	\$30.00
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To: The Executive Director of Maryland

Application is made by the undersigned under the provisions of Title 16 and Title 16.5 of the Business Regulation Article of the Annotated Code of Maryland as amended, for the type of license checked above, and the applicant submits and certifies to the following information:

A. Type of Ownership

Corporation	<input type="checkbox"/>	} List Federal Identification Number	[] - [] [] [] [] [] [] [] [] [] []									
Limited Liability Co.	<input type="checkbox"/>		} List Social Security Number*	[] [] [] - [] [] - [] [] [] [] [] [] [] [] [] [] []								
Partnership	<input type="checkbox"/>											
Individual	<input type="checkbox"/>											

B. 1. License or storage location: _____
Street and Number

_____ City _____ County _____ State _____ Nine - digit ZIP Code _____

2. Identify and describe storage warehouse: _____

C. Give location where records will be available for audit in Maryland. (If different from license address, approval must be given by this office in writing.) _____

D. Individual, partner(s) or corporate officers:

	1	2	3
Name			
Residence			
Home Telephone No.			
Social Security No.			
Title			

Attach sheet for additional partner(s) or corporate officer(s).



SECTION 1 – All applicants must complete this section. Please answer each of the following questions:

- A. List all cigarette and/or OTP licenses currently held by applicant in Maryland or any other state. _____

- B. Does the applicant agree to conform to all the laws, rules and regulations of the State of Maryland relating to the business in which they propose to engage under this license? YES NO
- C. Does the applicant agree to notify Licensing and Registration in writing at least 30 days prior to any change in the officers, location or ownership of the business?. YES NO
- D. Does the applicant agree that the Executive Director and his duly authorized personnel may inspect any licensed premise or vehicle during regular business hours? YES NO
- E. Method of operation: (Not applicable to manufacturer or storage warehouse applicants.)
(Attach answers on separate sheet)
 - 1. List all suppliers from whom you plan to purchase cigarettes and/or OTP?
 - 2. Will the cigarettes be stamped or unstamped? If stamped, indicate stamping area.
- F. Section 1-204 of the Tax-General Article of the Annotated Code of Maryland titled "Compliance With Workers' Compensation Laws" requires the evidence of such compliance prior to the issuance of any license by this office. The applicant hereby affirms that the applicant (check one):
 - 1. is not an employer required to provide coverage by Maryland Workers' Compensation Law; or
 - 2. is an employer required to provide employee coverage by Maryland Workers' Compensation Law and has secured such coverage. As evidence of such coverage, the following is submitted:
 - a. Name of insurance co. _____
 - b. Policy or binder no. _____
- G. List names, titles, and telephone numbers of persons responsible for the following:
 - 1. Filing state reports: _____ (____) _____
 - 2. Inventory and/or audit scheduling: _____ (____) _____
 - 3. Warehouse operations: _____ (____) _____
 - 4. Tax stamp purchases/payment: _____ (____) _____

Any changes in the above information should be submitted to Licensing and Permitting Unit in writing within 30 days.

SECTION 2 – Cigarette and OTP Storage Warehouse Complete this section in addition to Sections 1 and 7

Attach a separate listing of those accounts for which you plan to store cigarettes, if applicable. Also attach a separate listing of those accounts for which you plan to store OTP, if applicable.

SECTION 3 – Cigarette Subwholesalers – Complete this section in addition to Sections 1 and 7.

- A. Does the applicant agree not to sell or transfer any cigarettes to separate entities which are owned, affiliated, or controlled by the applicant? YES NO
- B. List the retailers to whom you propose to sell cigarettes.

SECTION 4 – Cigarette Vending Machine Operators – Complete this section in addition to Sections 1 and 7

- A. Attach a separate sheet listing the names and addresses of all locations at which the applicant operates cigarette vending machines, showing the number of machines at each location.
 - 1. Identify which machines (if any) can only be operated with a token, card, or similar device.
 - 2. Identify which machines (if any) are located in an establishment that minors are prohibited by law from entering. Please provide copy of city, state, or local ordinance.
 - 3. Identify which machines (if any) are located in an establishment that is a bonafide fraternal or veteran's organization.
- B. Do all vending machines operated by the applicant meet one of the above criteria? YES NO
- C. Sign and attach the affidavit provided verifying that all cigarette vending machines have an age of purchase decal attached.



SECTION 5 - Cigarette and OTP Wholesalers - Complete this section in addition to Sections 1 and 7

- A. 1. Do you have an established place of business, including warehouse facilities, for the sale of cigarettes? ... YES NO
2. Do you have an established place of business, including warehouse facilities, for the sale of OTP? ... YES NO
B. 1. Do you have the necessary equipment and vehicles for storage and distribution of cigarettes? ... YES NO
2. Do you have the necessary equipment and vehicles for storage and distribution of OTP? ... YES NO
C. If applying for a cigarette wholesale license, state type and brand of stamping equipment to be used with your identification number(s).
D. 1. Do the applicants have a financial interest in a cigarette manufacturer? ... YES NO
If yes, attach explanation.
2. Do the applicants have a financial interest in an OTP manufacturer? ... YES NO
If yes, attach explanation.

SECTION 6 - Cigarette and Licensed OTP Manufacturer's Complete this section in addition to Sections 1 and 7

- A. 1. Do you operate one or more cigarette manufacturing plants within the United States? ... YES NO
2. Do you operate one or more OTP manufacturing plants in Maryland? ... YES NO
B. 1. Do the applicants have a financial interest in a cigarette wholesaler? ... YES NO
If yes, attach explanation.
2. Do the applicants have a financial interest in an OTP wholesaler? ... YES NO
If yes, attach explanation.
C. Do you intend to do any of the following in reference to cigarettes:
1. Sell unstamped cigarettes to a licensed cigarette wholesaler located in Maryland? ... YES NO
2. Distribute sample cigarettes to consumers located in Maryland? ... YES NO
3. Store unstamped cigarettes in a cigarette storage warehouse in Maryland for subsequent shipment to licensed wholesalers, federal reservations, or persons out of state? ... YES NO
D. Do you intend to do any of the following in reference to OTP:
1. Sell OTP in Maryland? ... YES NO
2. Sell "imported" OTP in Maryland? ... YES NO
3. Store OTP in an OTP storage warehouse in Maryland for subsequent shipment to licensed wholesalers, federal reservations, or persons out of state? ... YES NO

SECTION 7 - All applicants must complete this section

Individual, Partner or a Corporate Officer listed on this form must sign.

NOTE: If there is a parent corporation, president or vice president of the parent corporation must also complete this section.

Affidavit

I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information and belief.

Signature of individual, partner or corporate officer Title Signature of parent corporate officer Title
Type or print name of individual, partner or corporate officer who signed above Date Type or print parent corporate officer's name who signed above Date

Contact Information

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