



ALABAMA DEPARTMENT OF REVENUE  
BUSINESS & LICENSE TAX DIVISION

TOB: APP-NR  
5/14

TOBACCO TAX SECTION  
P.O. Box 327555 • Montgomery, AL 36132-7555 • (334) 242-9627  
www.revenue.alabama.gov

Application For Tobacco Stamping Permit  
(NON-RESIDENT WHOLESALER)

1. Business Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. FEIN:           OR SSN:

Telephone number:    /    -

5. Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

6. Type of Business Entity:

- Individually Owned     Partnership     Corporation     Limited Liability Co. (LLC)  
 Other \_\_\_\_\_

List below the names, identifying number (social security or FEIN number), and address of all owners, partners, corporate officers, and LLC members. Attach additional sheets if space is not sufficient.

NAME	SSN/FEIN (Identifying #)	TITLE	HOME ADDRESS

If you are a LLC, are you a  single-member or  multi-member.

For Federal income tax purposes, have you filed Internal Revenue Service (IRS) form 8832 electing to be treated as a corporation?

Yes     No    If yes, please attach a copy to this form.

7. List types of tobacco products you plan to distribute: \_\_\_\_\_

\_\_\_\_\_

8. List brands you plan to distribute: \_\_\_\_\_

\_\_\_\_\_

9. The Tobacco Master Settlement Complementary Legislation Act requires wholesalers and distributors to submit reports to the Alabama Department of Revenue that show the total number of cigarettes or in the case of roll-your-own, the equivalent stick count for which the wholesalers and distributors affixed stamps during the previous month or otherwise paid the tax due. It is unlawful for a wholesaler or distributor to stamp, sell, offer, or possess for sale cigarettes that are manufactured by a manufacturer that is not in full compliance with this Act. A wholesaler or distributor can lose their stamping privileges or registration number if they have activity with a manufacturer that is not in full compliance with the above Act and the NPM Escrow Provisions of Title 6, Chapter 12. Pursuant to the above Act, the statement below must be signed and notarized in order to complete the application process.

Under penalties of perjury, we hereby certify that we will comply fully with the provisions of the Tobacco Master Settlement Complementary Legislation Act.

Firm: \_\_\_\_\_

Signature: \_\_\_\_\_

Type or Print Signature Name: \_\_\_\_\_

Title: \_\_\_\_\_

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public: \_\_\_\_\_

10. Indicate if you are a:  Retailer  Wholesaler  Manufacturer or  Semijobber.

Note: *Semijobber* is defined as an entity that buys tobacco products from permitted wholesalers or obtains tobacco from other sources and sell at wholesale to licensed retail dealers for the purpose of resale only.

11. Do you make sales for resale?  Yes  No

12. Are you a licensed tobacco wholesaler in your state?  Yes  No

Permit number: \_\_\_\_\_ Cancellation number: \_\_\_\_\_

13. Are sales of tobacco products in Alabama made only to licensed retail dealers?  Yes  No

14. How many retail stores selling tobacco products are operated in Alabama under your ownership, supervision, or management? \_\_\_\_\_

15. How many sales representatives are employed soliciting orders of tobacco products in Alabama? \_\_\_\_\_

16. How will you distribute tobacco products into Alabama?

Company Vehicle(s)  Common Carrier  Mail Order

Other (please explain) \_\_\_\_\_

17. How many trucks delivering tobacco products do you operate in Alabama? \_\_\_\_\_

18. List counties in which you plan to do business: \_\_\_\_\_

\_\_\_\_\_

(If you are a LLC, and all members Do Not sign the application, complete form TOB: LLC-AUTH)

19. **We must receive a letter of intent from three (3) of your tobacco manufacturers. These letters must state the manufacturer's intent to sell tobacco products to your company. In addition to the letters from the manufacturers, we require a letter from your resident state indicating that your company is a duly qualified wholesaler in accordance with all laws, rules, and regulations with regard to selling tobacco products in the state. These letters must be mailed to our office directly from the manufacturers and the resident state.**

**Under penalties of perjury, we hereby certify the above information to be true and correct.**

Firm: \_\_\_\_\_

Signature: \_\_\_\_\_

Type or Print Signature Name: \_\_\_\_\_

Title: \_\_\_\_\_

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public: \_\_\_\_\_