



OHIO DEPARTMENT OF TAXATION

APPLICATION FOR RETAIL CIGARETTE DEALER'S LICENSE
(Please Return Both Copies to the Office of the County Auditor)

FOR USE OF THE DEPARTMENT OF TAXATION ET - 40 (11-00)

For the period from \_\_\_\_\_ 20 \_\_\_\_\_ to \_\_\_\_\_ 20 \_\_\_\_\_

TO THE AUDITOR OF \_\_\_\_\_ COUNTY: Date \_\_\_\_\_

TAXING DISTRICT \_\_\_\_\_ FEE \_\_\_\_\_

Pursuant to Section 5743.15 of the Ohio Revised Code, 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, certificate number issued by Secretary of State authorizing transaction of business in Ohio. Section 1703.01 et seq. R.C.)

2. Trade Name (if other than above) \_\_\_\_\_

3. Sales Tax Vendor License Number \_\_\_\_\_

4. Federal Employer Identification Number or if none assigned for reporting Federal Taxes please enter your Social Security No.
EMPLOYER IDENT. NO. SOCIAL SECURITY NO.

5. Check whether Dealer operates as:
Sole Owner [ ] Partnership [ ] Corporation [ ] Fiduciary [ ] or Association [ ]

6. Place of Business: [ ] \_\_\_\_\_
STREET CITY ZIP LICENSE NO. ASSIGNED
(IF VENDING MACHINES, PLACE A CHECK MARK IN THE SQUARE PRECEDING EACH SUCH PLACE OF BUSINESS)
[ ] \_\_\_\_\_
[ ] \_\_\_\_\_
[ ] \_\_\_\_\_
[ ] \_\_\_\_\_
ADDITIONAL PLACES TO BE LISTED ON SEPERATE SHEET AND ATTACHED HERETO

7. Residence Address of Dealer or Home Office or Corporation:
\_\_\_\_\_
STREET CITY STATE ZIP

8. If this application is for an assignment of a license previously issued to another dealer, furnish the following information concerning that dealer:

9. If this application is for an assignment of a license previously issued to the applicant for a place other than that specified herein, furnish the following information concerning the former location.
NAME BUSINESS ADDRESS CITY ZIP LICENSE NO.

10. Number of cigarette vending machines operated by applicant in this County:
STREET CITY COUNTY ZIP LICENSE NO.

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

## LICENSE INFORMATION

A cigarette dealer's license does not authorize the licensee to engage in the business of trafficking in cigarettes at any place of business in this State other than that specified thereon by the County Auditor.

Any person who employs the use of a motor vehicle to convey a supply of cigarettes from place to place for the purpose of offering such cigarettes for sale therefrom must obtain a license for each vehicle in each County in which any vehicle is do used.

In the event that a business is moved from one location to another, or the business is sold, or an individual or partnership incorporates his or their business, or a partnership or corporation is dissolved, the cigarette license which has been issued to a dealer prior to the occurrence of any such event may not be used subsequent thereto.

A cigarette dealer's license may be assigned to a person other than that to whom it has been issued, or for a place of business in the same county other than that for which it has been issued, by filing an application therefor with the Auditor of the County in which it has been issued and payment of a one dollar fee to the Treasurer of that County.