

STATE OF OHIO
DEPARTMENT OF TAXATION

PRESCRIBED
EXCISE TAX FORM
NO. ET 41 (11-00)



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

Section 5743.01 defines "wholesale dealer" to include "only those (1) persons who bring in or cause to be brought into this state unstamped cigarettes purchased directly from the manufacturer, producer, or importer of cigarettes for sale in this state but does not include persons who bring in or cause to be brought into this state cigarettes with respect to which no evidence of tax payment is required thereon as provided in Section 5743.04 of the Revised Code; (2) persons engaged in the business of selling cigarettes to others for the purpose of resale."

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 wholesale 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. Federal Employer Identification Number or if none assigned for reporting Federal Taxes please enter your Social Security No. [EMPLOYER IDENTIFICATION NO.] [SOCIAL SECURITY NO.]

4. Check whether Dealer operates as:
Sole Owner [] Partnership [] Corporation [] Fiduciary [] or Association []
If corporation, list corporate officers:

Pres. _____ Vice Pres. _____ Secy. _____ Treas. _____

5. Applicant is engaged in the business of selling cigarettes to others for purposes of resale from the following places of business. Applicant does not sell cigarettes both as a retail dealer and as a wholesale dealer from any of said places of business.

Table with 3 columns: STREET, CITY, LICENSE NO. ASSIGNED. Three rows for listing business locations.

6. Residence Address of Dealer or Home Office of Corporation:
STREET CITY STATE ZIP

7. If this application is for a new dealer's license to replace a license which must be cancelled due to a change of ownership or location, please furnish the following information concerning the former license:

NAME BUSINESS ADDRESS CITY DEALERS' ACCT. 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.

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.