

Cigarette License Section
373 South High Street 21st Floor
Columbus OH 43215-6317

Application for Retail Cigarette Dealer's License

For the period from _____ to _____

To the auditor of _____ County Date _____

Taxing district _____ FEE _____

Pursuant to Ohio Revised Code Section 5743.15, 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 or limited liability company, print entity's name and Ohio corporation charter number. If a foreign corporation, give certificate number issued by Secretary of State authorizing transaction of business in Ohio. O.R.C. Section 1703.01 et seq.)

2. Check whether dealer operates as

Sole Owner Partnership Corporation Fiduciary Limited Liability Association

3. List below the titles, names, and addresses of all corporate officers, association officers, members, or partners.

Title	Name	Street	City	State	ZIP
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Title	Name	Street	City	State	ZIP
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(Additional officers to be listed on separate sheet and attached hereto)

4. Trade Name (If other than above) _____

5. Sales tax vendor license number _____

6. Federal employer identification number or, if none assigned for reporting federal taxes, please enter your social security number

FEIN

Social security number

7. Place of business

Previous license no.	Street	City	State	ZIP	Dist	License no. assigned
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(Additional places to be listed on separate sheet and attached hereto)

8. E-mail address _____

9. Residence address of dealer or home office of corporation

a. Home/Office Address _____
Street City State ZIP

b. Mailing Address _____
Street City State ZIP

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 true, correct and complete report.

Signature of dealer or officer of company _____ Telephone number _____

Print name and title of individual signing application _____

All questions on this application should be fully answered before the licenses requested hereon are issued. For further license information see reverse side of this form.