



VERMONT DEPARTMENT OF TAXES

APPLICATION FOR CIGARETTE WHOLESALE DEALER AND/OR TOBACCO DISTRIBUTOR LICENSE

Please print or type. Incomplete and/or illegible applications will be returned.

Reason for Application				
<input type="checkbox"/> Cigarette Wholesale Dealer		<input type="checkbox"/> Tobacco Wholesale Distributor		<input type="checkbox"/> Both
Name of Applicant*			Telephone Number	Federal ID Number
Name of Contact Person		E-mail address		Telephone Number
Trade Name of Business				
Mailing Address	Street, Road or PO Box	City	State	Zip Code
Physical Location of Business	Street (NO PO BOX)	City	State	
Location of Accounting Records	Street or Road (NO PO BOX)	City	State	Zip Code

* If the applicant is a corporation, partnership, or LLC, list all persons with 10% or more ownership interest below.

If the applicant is a corporation, partnership, or LLC, list principal owners (ownership interest of 10% or more).

Principal owner name	Address	City	State	ZIP Code
Principal owner name	Address	City	State	ZIP Code
Principal owner name	Address	City	State	ZIP Code
Principal owner name	Address	City	State	ZIP Code
Principal owner name	Address	City	State	ZIP Code
Principal owner name	Address	City	State	ZIP Code
Principal owner name	Address	City	State	ZIP Code
Principal owner name	Address	City	State	ZIP Code
Principal owner name	Address	City	State	ZIP Code
Principal owner name	Address	City	State	ZIP Code

Applicant must sign this form.

	Signature of Applicant	Date
	Printed Name	Title

MAIL THIS APPLICATION TO: VERMONT DEPARTMENT OF TAXES, 133 STATE STREET, MONTPELIER, VT 05633-1401