



Department of Taxation

P.O. Box 530  
Columbus, OH 43216-0530

CIG 01  
Rev. 3/17

## Application for Cigarette Manufacturer/Importer License

Name of legal entity		FEIN
DBA		SSN (if no FEIN)
Mailing street address		
Mailing city	State	ZIP code
Name of contact person	Telephone number	Fax number
Web site address	E-mail address	

Are you a manufacturer or importer? (check one)

Manufacturer     Importer

Is this a renewal?

Yes     No    If yes, account number to be renewed \_\_\_\_\_

As of the date of the application are you a PM or an NPM in regards to the Master Settlement Agreement?

PM     NPM

Are you certified with Ohio's Attorney General? If you answer NO to this question, a copy of your federal Tobacco Tax Bureau license must accompany this application. (check one)

Yes     No

Brand family name and selling price of cigarettes intended for **shipment** into Ohio. Attach a separate sheet if necessary.

Brand Family Name	Selling Price

I declare under penalties of perjury that the above statements have been examined by me and to the best of my knowledge and belief are true, complete and correct.

\_\_\_\_\_  
Name of applicant or agent (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date