



Application for Other Tobacco Products and Vapor Products Distributor License

For the period Feb. 1, 20____ to Jan. 31, 20____

Legal name	FEIN	
DBA	Social Security number	
Street	Contact person	
City	State	ZIP code
Telephone number		

1. Mailing address if different than above_____

2. E-mail address_____

If you wish to receive notification of any changes to the attorney general's tobacco directory, please visit our web site and sign up for Ohio Tax Alerts. When subscribing, please select Excise Tax - Tobacco.

3. Business structure:

Sole owner Partnership Corporation Fiduciary Association LLC LLP Other

4. Type of business: Wholesale Retail Secondary distributor (purchasing tax-paid product for resale)

5. Product Type: OTP and Vapor Products Vapor Products Only

6. List below the titles, names, addresses and Social Security numbers of all corporate officers, association officers or partners.

Title	Name	Address	Social Security No.

7. Please attach a list of your vapor suppliers

A separate application is required for each business location. This is an annual license that must be renewed by Feb. 1 of each year. If this is a renewal license for OTP and vapor products, there is a \$1,000 application fee. If this is a renewal license for vapor products only, there is a \$125 application fee. If this is a new application mailed after Feb. 1 for OTP and vapor products, please use the proration chart found on our Web site to determine the application fee. There is no proration for a vapor products only license. Mail the application and the fee to the Ohio Department of Taxation, Excise Tax Section, P.O. Box 530, Columbus, OH 43216-0530.

Federal Privacy Act

Because we require you to provide us with a Social Security account number, the <i>Federal Privacy Act of 1974</i> requires us to inform you that your providing us your Social Security number is mandatory. Ohio Revised Code sections (R.C.)	5703.05, 5703.057 and 5747.08 authorize us to request this information. Social Security numbers are needed in order to administer this tax due to responsible party obligations authorized by R.C. 5743.57.
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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.

Signature_____ Title_____ Date_____