



11. Mark an **X** in the appropriate box to indicate whether your business is currently registered or has tax accounts with New York State for the following taxes:

If Yes, enter identification number below.

- A. Cigarette tax/tobacco products tax (Article 20) .....  Yes  No
- B. Sales tax (must be registered; see page 4) .....  Yes  No
- C. Corporation tax .....  Yes  No
- D. Withholding tax .....  Yes  No
- E. Other taxes (specify below) .....  Yes  No


Specify type(s) of taxes:

12. List officers, directors, and certain shareholders, partners, or sole proprietor. (See instructions; attach additional sheets if necessary.)

Name	Social security number — —	Percent of ownership
Home address (number and street)	Title	
City State ZIP code	Telephone number ( )	
Name	Social security number — —	Percent of ownership
Home address (number and street)	Title	
City State ZIP code	Telephone number ( )	
Name	Social security number — —	Percent of ownership
Home address (number and street)	Title	
City State ZIP code	Telephone number ( )	
Name	Social security number — —	Percent of ownership
Home address (number and street)	Title	
City State ZIP code	Telephone number ( )	

13. Enter the percentage of voting stock held by all other owners. (The total percentage of voting stock in items 12 and 13 must equal 100%) ..... %

14. During the last 5 years, has the applicant or any person listed in item 12:

- owned or controlled, directly or indirectly, more than 10% of the shares of stock (25% or more if four or fewer shareholders own or control voting stock of such business) entitling the holder to vote for directors or trustees of a business other than the applicant, **or**
- been an officer, director, or partner of a business other than the applicant's business? .....  Yes  No

If Yes, complete below. Attach additional sheets if necessary.

Name of other business	FEIN
Address (number and street) City State ZIP code	
Name of person or applicant	
Name of other business	FEIN
Address (number and street) City State ZIP code	
Name of person or applicant	
Name of other business	FEIN
Address (number and street) City State ZIP code	
Name of person or applicant	

15. Does the applicant, anyone listed in item 12, or any business listed in item 14 (at the time anyone listed in item 12 was so connected with the business) have any outstanding liability for New York State tax, New York City income or nonresident earnings tax, or city of Yonkers surcharge or nonresident earnings tax? .....  Yes  No

If Yes, complete below. Attach additional sheets if necessary.

Name of applicant, person, or business	Type of tax	Amount due	Assessment number	Assessment date
				/ /
				/ /
				/ /
				/ /
				/ /
				/ /
				/ /

16. In the past five years, was the applicant, anyone listed in item 12, or any business listed in item 14 (at the time anyone listed in item 12 was so connected with the business) convicted of any crimes? (see instructions) .....  Yes  No

If Yes, complete below. Attach additional sheets if necessary.

Name of applicant, person, or business			City and state of arrest
Date of conviction / /	Court of conviction	Statute section convicted of violating	Disposition (fine, imprisonment, etc.)
Detailed description of charges _____ _____ _____			

17. In the past five years, has the applicant, anyone listed in item 12, or any business listed in item 14 (while anyone listed in item 12 was so connected with that business) had a license as a cigarette wholesale dealer or agent or a registration as a chain store canceled suspended, or denied? .....  Yes  No

If Yes, complete below. Attach additional sheets if necessary.

Name of applicant, person, or business	Date and detailed reason for cancellation/suspension/denial
	/ /
	/ /
	/ /
	/ /

18. Has the applicant, any person listed in item 12, or any business listed in item 14 (at the time anyone listed in item 12 was so connected with that business) been finally determined to have violated any provision of Article 20 (Cigarette Tax) or Article 20-A (Cigarette Marketing Standards Act), or any rule or regulation adopted pursuant to Tax Law Articles 20 or 20-A? .....  Yes  No

If Yes, complete below. Attach additional sheets if necessary.

Name of applicant, person, or business	Date of violation / /
Statute section, rule or regulation section violated	
Detailed description of violation _____ _____ _____	
Disposition (fine, imprisonment, etc.)	

19. List all current or anticipated cigarette suppliers. Attach additional sheets if necessary.

Name of supplier	Address of supplier			
	Street	City	State	ZIP Code
	Street	City	State	ZIP Code
	Street	City	State	ZIP Code
	Street	City	State	ZIP Code

20. If you are applying as a cooperative member, did you purchase from the cooperative in the preceding 3 months at least 25% of all merchandise purchased for resale (excluding cigarettes and petroleum products)? The calculation of the percentage is based on price paid .....  Yes  No

21. If you are applying as a cooperative member, do you share in the profits and losses of the cooperative? .....  Yes  No

22. If you are applying as a large volume outlet operator, did one or more of your retail outlets through which cigarettes are sold in New York State have gross sales (excluding petroleum products) of more than \$2,000,000 in the preceding calendar year? .....  Yes  No

**Note:** This application for registration as a chain store **will not** be approved until **all** of the following conditions are met:

- You are registered as a sales tax vendor. Include a copy of the sales tax *Certificate of Authority* for each outlet. If you are not so registered, submit Form DTF-17, *Application for Registration as a Sales Tax Vendor* (see *Need help?* on Form CG-80-I).
- You and all persons listed in item 12 have satisfied all outstanding tax liabilities and have filed all appropriate tax returns.
- You have submitted the required documentation for the type of business under which you are registering as a chain store (see *instructions*).
- You have registered each location and each vending machine. If not, submit Form DTF-716, *Application for Registration of Retail Dealers and Vending Machines for Sales of Cigarettes and Tobacco Products*.
- You are licensed as a wholesale dealer if you own, operate, or maintain one or more cigarette vending machines in, at, or upon premises owned or occupied by another person. If you are not licensed as a wholesaler dealer but should be, submit Form CG-100-V, *Application for License as a Wholesale Cigarette Dealer Who Only Operates Vending Machines*.
- The application is signed and dated by an officer, director, shareholder, partner, or the sole proprietor listed in item 12 of this application.
- A bank check, certified check, money order, or other draft acceptable to the department for the applicable registration fee, made payable to, **Commissioner of Taxation and Finance**, is submitted with the application. Mail all documents to:

**NYS TAX DEPARTMENT**  
**TTTB FACCTS - REGISTRATION AND BONDING UNIT**  
**BUILDING 8**  
**W A HARRIMAN CAMPUS**  
**ALBANY NY 12227**

### Warning

The Department of Taxation and Finance has the right to suspend or revoke a registration as a chain store for violation of the provisions of Tax Law Article 20 (Cigarette Tax Law) or Tax Law Article 20-A (Cigarette Marketing Standards Act).

It is a **Class B misdemeanor** for a chain store to induce or attempt to induce, or to procure or attempt to procure, the purchase of cigarettes at a price less than the cost of the agent or wholesaler with respect to sales to chain stores.

It is also a **Class B misdemeanor** for a chain store to induce or attempt to induce, or to procure or attempt to procure, any rebate or concession of any kind in connection with the purchase of cigarettes.

Making a false or misleading statement on this application will be viewed by the department as an attempt to procure cigarettes below the minimum price and will result in the revocation of your registration as a chain store. In addition, the department may forbid you from subsequently selling cigarettes at retail.

**Certification** — I certify that the information herein provided is true and correct to the best of my knowledge, and that the applicant herein named is qualified under the Cigarette Marketing Standards Act to be a chain store.

Name ( <i>print</i> )	Title
Signature	Date