



Application for a License as a Wholesale Dealer of Tobacco Products or an Appointment as a Distributor of Tobacco Products

Tax Law — Article 20

Read Form MT-202-1, *Instructions for Form MT-202*, carefully before completing this application. For additional requirements, see Form MT-202-C, *Checklist for Form MT-202*. Attach additional sheets if necessary to fully answer all questions. No fee required. Subject to renewal every 3 years.

Mark an **X** in the appropriate box(es) for which you are applying (see *instructions for definitions*).

Distributor of tobacco products Wholesale dealer of tobacco products

Print or type

1 Legal name			Telephone number ()	
2 Trade name (if different from line 1)				
3 Address of principal place of business (number and street)			City	State ZIP code
				4 County
5 Type of business organization: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (specify): _____				
6 Tobacco products related activities (mark an X in all the boxes that apply)				
<input type="checkbox"/> Manufacturer (roll cigars)		<input type="checkbox"/> Importer		<input type="checkbox"/> Distributor located in New York State
<input type="checkbox"/> Wholesaler		<input type="checkbox"/> Exporter		<input type="checkbox"/> Out-of-state distributor
<input type="checkbox"/> Retailer		<input type="checkbox"/> Tobacco products vending machine operator		<input type="checkbox"/> Other _____
7 Mailing address (if different from line 3)			City	State ZIP code
8 a. Federal employer identification number (EIN)		b. Other federal EIN, if any		9 Date you began or expect to begin business in New York State
10a List owners, officers, directors, partners, shareholders, or sole proprietor and all responsible persons (see <i>instructions</i> ; attach additional sheets if necessary).				
Name		Social security number (SSN)		Percentage of ownership
				Home/cell phone number ()
Home address (number and street)		City	State	ZIP code Title
Name		SSN		Percentage of ownership
				Home/cell phone number ()
Home address (number and street)		City	State	ZIP code Title
Name		SSN		Percentage of ownership
				Home/cell phone number ()
Home address (number and street)		City	State	ZIP code Title
Name		SSN		Percentage of ownership
				Home/cell phone number ()
Home address (number and street)		City	State	ZIP code Title
10b All other owners each hold 10% or less (less than 25% if 4 or fewer shareholders) of the voting stock in the company together totaling.....				%

11 Enter the names and addresses of your tobacco product suppliers (see instructions; attach additional sheets if necessary).

Name	Address

12 Is your business currently registered or do you have tax accounts with New York State for the following taxes?

- a. Cigarette tax (Article 20) Yes No b. Corporation tax Yes No
- If Yes, enter identification number(s):
- | | |
|--------------------------------|---|
| Registered chain store | c. Withholding tax <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Agent | d. Sales tax <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Wholesale dealer | e. Highway use tax <input type="checkbox"/> Yes <input type="checkbox"/> No |
| CMSA licensed wholesale dealer | f. Other taxes <input type="checkbox"/> Yes <input type="checkbox"/> No |
- Specify type of taxes _____

13 Enter names and addresses of the banking institutions with which your business maintains or will maintain accounts (give branch office if applicable).

Name	Address

14 Does the applicant or any person listed on line 10a have a liability for a tax imposed by or pursuant to the authority of the Tax Law or for the New York City earnings tax on nonresidents that has been finally determined to be due and has not been paid in full? Yes No
(If Yes, complete below)

Name	Type of tax	Amount due	Assessment number	Assessment date

15 Has the applicant or any person listed on line 10a been convicted of a crime within the preceding five years? Yes No
(If Yes, complete below)

Name of person	City and state of arrest	Court of conviction
Date of conviction	Statute section convicted of violating	Disposition (fine, imprisonment, probation, etc.)
Description of charges		

- 16 Has the cigarette or tobacco products wholesale dealer's license or the appointment as a tobacco products distributor of the applicant or any person listed on line 10a been cancelled, suspended, or denied within the preceding five years?..... Yes No
(If Yes, complete below)

Name	Date of cancellation, suspension, or denial	Reason for cancellation, suspension, or denial

- 17 Has the applicant or any person listed on line 10a:

- owned or controlled, directly or indirectly, more than 10% of the shares of stock (25% or more if 4 or fewer shareholders own or control voting stock of such business) entitling such shareholder 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:

- a. at the time any tax imposed by or pursuant to the authority of the New York State Tax Law or the New York City earnings tax on nonresidents was finally determined to be due from such other business and has not been paid in full? Yes No
(If Yes, complete below)

Name of business		Federal EIN		
Address (number and street)		City	State	ZIP code
Name of person	Tax type	Amount due	Assessment number	Assessment date

- b. when the business was convicted of a crime, but only if such conviction was within the last five years? Yes No
(If Yes, complete below)

Name of business		Federal EIN		
Address (number and street)		City	State	ZIP code
Name of person		Court of conviction		
Date of conviction	Statute section convicted of violating	Disposition (fine, imprisonment, probation, etc.)		
Description of charges				

- c. when the license as a wholesale dealer of tobacco products or cigarettes or the appointment as a distributor of tobacco products of such other business was cancelled or suspended, but only if such cancellation or suspension was within the last five years? Yes No
(If Yes, complete below)

Name of business		Federal EIN		
Address (number and street)		City	State	ZIP code
Name of person		Date of cancellation or suspension		
Reason for cancellation or suspension				

18 Enter the total wholesale price of tobacco products you expect to:

a. import or cause to import each month into New York State for sale	
b. manufacture each month within New York State.....	
c. sell, ship, or deliver each month to persons in New York State (if so authorized by the Commissioner, see line 19)	
Total (add lines 18a, 18b, and 18c)	

19 If you are not an importer of tobacco products for sale in New York State or a manufacturer of tobacco products within New York State, and you are outside New York State requesting appointment as a distributor of tobacco products and are requesting authority to file returns and pay the tax due on tobacco products sold, shipped, or delivered to any person in the State from outside the state, mark an **X** here and complete the following:

a. nature of your New York State tobacco products business activities (mail order, out-of-state manufacturer, out-of-state wholesaler, etc.)

b. reason for requesting such appointment and authority

c. the name and address of those persons located in New York State to whom tobacco products will be sold, shipped, or delivered (if known).

Name	Address

20 I hereby declare that this application has been made with the knowledge that a willfully false representation is a crime under section 1814 of the New York State Tax Law and sections 175.35 and 210.45 of the Penal Law punishable by fines and penalties stipulated therein and affirm that the statements contained herein are true, correct, and complete.

Signature	Telephone number ()	Date
Print name	Title	

Note: Applying for this license or appointment does not authorize you to operate contrary to any federal, state, or local laws.

Mail the completed application to: **NYS TAX DEPARTMENT
TTTB
REGISTRATION/BOND UNIT
W A HARRIMAN CAMPUS
ALBANY NY 12227**