

6. When did you begin business at this location?

7. If this is not a new business, please advise the Firm Name, or Owner of the Firm, or person who you succeeded:

a) Firm name: _____ License Number

b) Name of Owner:

8. Do you maintain an inventory for resale? ()Yes ()No

9. Do you sell cigarettes or tobacco ()Yes ()No

10. Do you sell at retail, wholesale, or both? _____

11. Address at which books and records are kept: _____

State whether individual owner, member of firm executer, administrator, trustee, etc., or give title of officer of corporation

Signature

This application prepared by: _____

Date

SCHEDULE OF LOCATIONS

Store Number	Name of Each Store	Address	County	Do not write in this space

INSTRUCTIONS

1. Answer all questions fully.
2. Sales Tax Reports are due each month, first day through the last day inclusive, and are delinquent after the fourteenth (14th) day of the following month.

Explanations

Notice... - Legal Signatures:

Sole Proprietorship - Owner must sign application

Partnership - All partners must sign application

Corporation - List all officers and have the signature of one corporate officer on application

Joint Venture - Authorized signatures of all persons and one officer of Corporation organizing joint venture

Improperly signed applications will be returned for correction.

This application submitted on behalf of _____ has been examined by me, and under penalty of law, I hereby affirm, that to the best of my information, knowledge and belief, it is a true, accurate, and complete application.

Signature

Title

Date

If more Space is needed, attach a Supplemental Schedule