



COMMONWEALTH OF PENNSYLVANIA TOBACCO PRODUCTS REGISTRATION FORM

SECTION 1. EXISTING ACCOUNT INFORMATION

Please Check the Following Account Types You Currently Hold With the Department of Revenue

Corporate Tax
 Sales Tax
 Employer Withholding
 Cigarette

Revenue ID	List Account ID(s)
------------	--------------------

SECTION 2. ENTERPRISE INFORMATION

Date of First Operations		Date of First Operations in PA	Enterprise Fiscal Year End	
Enterprise Legal Name			Federal Employer Identification Number (FEIN)	
Enterprise Trade Name (if different than legal name)		Enterprise Telephone Number		County
Enterprise Street Address (do not use PO Box)		City/Town	State	ZIP Code
Enterprise Mailing Address (if different than street address)		City/Town	State	ZIP Code
Location of Enterprise Records (street address)		City/Town	State	ZIP Code
Establishment Name (doing business as)		Number of Establishments	PA School District	PA Municipality

ENTERPRISES WITH MORE THAN ONE ESTABLISHMENT IN PA, MUST COMPLETE SECTION FIVE.

SECTION 3. AUTHORIZED SIGNATURE

I, (We) the undersigned, declare under the penalties of perjury that the statements contained herein are true, correct, and complete.

Type or Print Name		Authorized Signature (attach power of attorney, if applicable)	Date
Email Address		Title	Telephone Number
Type or Print Preparer's Name		Title	Date
Email Address			Telephone Number

SECTION 4. OWNERS, PARTNERS, SHAREHOLDERS, OFFICERS AND RESPONSIBLE PARTY INFORMATION

Provide the following for all individual and/or enterprise owners, partners, shareholders, officers and responsible parties. If stock is publicly traded, provide the following for any shareholder with an equity position of 5% or more.

Type or Print Name		Social Security Number	Date of Birth	FEIN
<input type="checkbox"/> Owner <input type="checkbox"/> Responsible Party Title		Effective Date of Title	Percentage of Ownership	Effective Date of Ownership
<input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder				
Street Address		City/Town	State	ZIP Code
This person is responsible to remit/maintain:			County	
<input type="checkbox"/> Sales Tax <input type="checkbox"/> Motor Fuels			<input type="checkbox"/> Employer Withholding Tax <input type="checkbox"/> Workers' Compensation Coverage	

Type or Print Name		Social Security Number	Date of Birth	FEIN
<input type="checkbox"/> Owner	<input type="checkbox"/> Responsible Party	Title	Effective Date of Title	Percentage of Ownership
<input type="checkbox"/> Partner	<input type="checkbox"/> Officer	<input type="checkbox"/> Shareholder		Effective Date of Ownership
Street Address		City/Town	State	ZIP Code
This person is responsible to remit/maintain:		<input type="checkbox"/> Sales Tax	<input type="checkbox"/> Employer Withholding Tax	County
		<input type="checkbox"/> Motor Fuels	<input type="checkbox"/> Workers' Compensation Coverage	

Type or Print Name		Social Security Number	Date of Birth	FEIN
<input type="checkbox"/> Owner	<input type="checkbox"/> Responsible Party	Title	Effective Date of Title	Percentage of Ownership
<input type="checkbox"/> Partner	<input type="checkbox"/> Officer	<input type="checkbox"/> Shareholder		Effective Date of Ownership
Street Address		City/Town	State	ZIP Code
This person is responsible to remit/maintain:		<input type="checkbox"/> Sales Tax	<input type="checkbox"/> Employer Withholding Tax	County
		<input type="checkbox"/> Motor Fuels	<input type="checkbox"/> Workers' Compensation Coverage	

SECTION 5. TOBACCO PRODUCTS DEALER'S LICENSE

PART 1 - LICENSE TYPE

Check the appropriate box(es) to indicate license type requested. A separate license must be obtained for each establishment that sells tobacco products (manufacturer, wholesale, retail and vending). A separate license must be purchased for each vending machine location. A check or money order must be submitted with this application. Applicants applying for retail and vending tobacco licenses need to obtain a retail sales tax license. To obtain a sales tax license, please complete a PA-100 by visiting www.pa100.state.pa.us.

License Type	Number	Fee	Amount Remitted
<input type="checkbox"/> Manufacturer	_____	\$1,500 Each Location	\$ _____
<input type="checkbox"/> Wholesaler	_____	\$1,500 Each Location	\$ _____
<input type="checkbox"/> Retail	_____	\$25 Each Location	\$ _____
<input type="checkbox"/> Vending	_____	\$25 Each Location	\$ _____

Make checks payable to: PA Department of Revenue

PART 2 - MANUFACTURER

Please Check the Manufacturer Type:

- Roll Your Own E-Cigarettes Other Tobacco Products

List Manufacturing Location(s). (PO Boxes are NOT Acceptable).

Street Address			
City/Town	County	State	ZIP Code

Manufacturer's Process Agent(s) (Resident Designee)

Manufacturers must provide the following information for the Commonwealth of Pennsylvania process agent. The individual must have a physical location within Pennsylvania. If a process agent is not designated the Secretary of State shall be deemed its agent for the services of process in this commonwealth.

Name		Telephone Number	
Street Address	City/Town	State	ZIP Code

Has any owner, partner, officer, director or major stockholder been convicted of any violation of the Pennsylvania Cigarette Tax Act or any misdemeanor or felony?
 Yes No

If yes, list all convictions within the previous 10 year period. Attach additional 8.5 X 11 sheet if necessary.

PART 2-A - ADDITIONAL LOCATION FOR MANUFACTURERS

Establishment Name (doing business as)		Date of First Operations	Telephone Number
Street Address		City/Town	State ZIP Code
County	PA School District	PA Municipality	

SECTION 6.**ADDITIONAL LOCATIONS**

Check the appropriate box to indicate the type of license for the additional establishment(s) doing business in PA. Photocopy this section as necessary.

<input type="checkbox"/> Wholesale	<input type="checkbox"/> Retail	<input type="checkbox"/> Vending	
Establishment Name (doing business as)		Date of First Operations	Telephone Number
Street Address		City/Town	State ZIP Code
County	PA School District	PA Municipality	

<input type="checkbox"/> Wholesale	<input type="checkbox"/> Retail	<input type="checkbox"/> Vending	
Establishment Name (doing business as)		Date of First Operations	Telephone Number
Street Address		City/Town	State ZIP Code
County	PA School District	PA Municipality	

<input type="checkbox"/> Wholesale	<input type="checkbox"/> Retail	<input type="checkbox"/> Vending	
Establishment Name (doing business as)		Date of First Operations	Telephone Number
Street Address		City/Town	State ZIP Code
County	PA School District	PA Municipality	

<input type="checkbox"/> Wholesale	<input type="checkbox"/> Retail	<input type="checkbox"/> Vending	
Establishment Name (doing business as)		Date of First Operations	Telephone Number
Street Address		City/Town	State ZIP Code
County	PA School District	PA Municipality	

<input type="checkbox"/> Wholesale	<input type="checkbox"/> Retail	<input type="checkbox"/> Vending	
Establishment Name (doing business as)		Date of First Operations	Telephone Number
Street Address		City/Town	State ZIP Code
County	PA School District	PA Municipality	

INSTRUCTIONS FOR COMMONWEALTH OF PENNSYLVANIA TOBACCO PRODUCTS REGISTRATION FORM

SECTION 1 - EXISTING ACCOUNT INFORMATION

Please check the boxes if you have existing corporate tax, employer withholding, sales tax or cigarette accounts.

List the Revenue ID: 10-digit ID number issued to you by the Department of Revenue.

List Account/License ID(s): List any existing corporate tax, employer withholding, sales tax or cigarette account ID numbers.

IF YOU HAVE A CURRENT ACCOUNT/LICENSE WITH THE DEPARTMENT LISTED ABOVE, COMPLETE SECTION 2 OF THE APPLICATION ONLY.

SECTION 2 - ENTERPRISE INFORMATION

Date of First Operations: Enter the first date the enterprise conducted any activity. This includes start-up operations prior to opening for business.

Date of First Operations in PA: Enter the first date the enterprise conducted any activity in PA or employs PA residents. This includes start-up operations prior to opening for business.

Enterprise Fiscal Year End: Enter the month (January, February, etc.) used by the enterprise to designate the end of its accounting period.

Enterprise Legal Name: Enter the legal name of the enterprise.

Federal EIN: Enter the Federal Employer Identification Number (EIN) assigned to the enterprise by the Internal Revenue Service. If the enterprise does not have an EIN, enter "N/A". If the enterprise has applied for an EIN, enter "applied for."

Enterprise Trade Name: Enter the name by which the enterprise is commonly known (doing business as, trading as, also known as), if it is a name other than the legal name. If the enterprise has a fictitious name registered with the PA Department of State, enter it here. If the trade name is the same as the legal name, enter "Same."

Enterprise Telephone Number: Enter the telephone number for the enterprise.

Enterprise Street Address: Enter the physical location of the enterprise. A post office box is not acceptable.

Enterprise Mailing Address: Enter the address where the enterprise prefers to receive mail, if at an address other than the enterprise street address. A post office box is acceptable. If the mailing address is the same as the enterprise street address, enter "Same."

To indicate multiple mailing addresses and the purposes, attach a separate 8 ½ X 11 sheet and identify the purpose of each.

Location of Enterprise Records: Enter the street address where the enterprise records are kept. A post office box is not acceptable. If the records are kept at the enterprise street address, enter "Same."

Establishment Name: Enter the name by which the establishment is known to the public; for example, the name on the front of the store. If the name is the same as the enterprise legal name, enter "Same."

Number of Establishments: Enter the number of establishments. If the enterprise has more than one establishment conducting business in PA or employs residents, refer to the instructions and complete section 5, additional locations.

PA School District: Enter the school district where the establishment is located. If not a PA school district, enter "N/A."

PA Municipality: Enter the municipality (borough, city, town or township) where the establishment is located. The municipality may be different from the city/town used for postal delivery. If not a PA municipality, enter "N/A."

SECTION 3- AUTHORIZED SIGNATURE

Authorized Signature: Owner, general partner, officer, or agent signature is required. Enter the title and daytime phone number of the person who signed the form. Attach Power of Attorney document, if applicable.

Type or Print Name: Type or print the name of the person who signed the document, enter their email address, and the date it was signed.

Type or Print Preparer's Name: Type or print the name of the preparer, the title of the person who prepared the form, if other than the owner, partner or officer. Enter the preparer's daytime telephone number, email address, and the date the form was prepared.

SECTION 4 - OWNERS, PARTNERS, SHAREHOLDERS, OFFICERS, AND RESPONSIBLE PARTY INFORMATION

Identify and provide information on the following:

- The sole proprietor who is 100 percent owner. A sole proprietor must be one individual.
- All general partners and all limited partners who are involved in the daily operation of the business
- All shareholders (both individuals and enterprises) owning stock. If the stock is publicly traded, identify the shareholder with an equity position of 5 percent or more.
- All officers of the corporation, association, or business
- All individuals responsible for remitting trust fund taxes or maintaining Workers' Compensation Coverage

Name: Enter the name(s) of the owner, partner, shareholder, officer, or responsible party of the enterprise. If the owner is another enterprise, enter the legal name of the enterprise.

Social Security Number: Enter the Social Security Number of the owner, partner, shareholder, officer, or responsible party.

Date of Birth: Enter the individual's date of birth.

Federal EIN: Enter the Federal Employer Identification Number (EIN) if the owner, partner, or shareholder is another enterprise.

Type of Ownership/Position: Check the box(es) to designate if an owner, partner, officer, shareholder or responsible party.

Title, Effective Dates, Percentage of Ownership: Enter the title, effective dates, and percentage of ownership as indicated.

Home address: Enter the home street address of the owner, partner, officer, shareholder or responsible party. If the owner, partner, or shareholder is another enterprise, enter the street address of the enterprise. A post office box is not acceptable.

Person Responsible to Remit/Maintain: Check the appropriate box(es) to indicate the taxes/services for which the individual is responsible.

*Space for additional information of owners, partners, shareholder, officers, and/or responsible parties can be found in section 3-A. Attach additional 8 ½ X 11 sheets if necessary.

SECTION 5 - TOBACCO PRODUCTS DEALER'S LICENSE

PART 1- LICENSE TYPE

The license applies for e-cigarettes, roll-your-own tobacco and other tobacco products. Check the appropriate box(es) to indicate the license type you are requesting. A separate license must be obtained for each establishment that sells tobacco products in PA. A separate license must be purchased for each vending machine location as well.

Enter the number of that license type you are requesting

Enter the total amount remitted.

*Please note, a check or money order must be submitted with this application. A sales tax license (retail) is also required. You can apply for a sales tax license on the PA 100 form or electronically via www.pa100.state.pa.us. All OTP licenses are non-transferable. All OTP dealer licenses expire on the last day of February and are renewable on an annual term.

PART 2 - MANUFACTURER

Check the appropriate box for the type of OTP that is being manufactured and sold into PA.

Roll Your Own (RYO): Any tobacco which, because of the tobacco appearance, type, packaging or labeling, is suitable for use and is likely to be offered to, or purchased by, consumers as tobacco for making cigarettes.

E-cigarettes: An electronic oral device, such as one composed of a heating element and battery or electronic circuit, or both,

which provides a vapor of nicotine or any other substance and the use or inhalation of which stimulates smoking.

Other Tobacco Products (OTP): Periques, granulated, plug cut, crimp cut, ready rubbed and other smoking tobacco, snuff, dry snuff, snuff flour, Cavendish, plug and twist tobacco, fin-cut and other chewing tobaccos, shorts, refuse scraps, clippings, cuttings and sweepings of tobacco and other kinds and forms of tobacco, prepared in such a manner as to be suitable for chewing or ingesting or for smoking in a pipe or otherwise or both chewing and smoking.

Street Address: Enter the physical location of the enterprise. A post office box is not acceptable.

City/Town: Enter the town in which the physical location of the enterprise is located.

County: Enter the county in which the physical location of the enterprise is located.

State/Zip code: Enter the state and zip code in which the physical location of the enterprise is located.

Manufacturer Process Agent: Resident Designee

PART 2-A ADDITIONAL LOCATION FOR MANUFACTURERS

Establishment Name: Enter the name by which the establishment is known to the public; for example, the name on the front of the store. If the name is the same as the enterprise legal name, enter "Same."

Date of First Operations: Enter the first date the enterprise conducted any activity. This includes start-up operations prior to opening for business.

Enterprise Telephone Number: Enter the telephone number for the enterprise

Street Address: Enter the physical location of the enterprise. A post office box is not acceptable.

City/Town: Enter the town in which the physical location of the enterprise is located.

County: Enter the county in which the physical location of the enterprise is located.

State/Zip code: Enter the state and zip code in which the physical location of the enterprise is located.

PA School District: Enter the school district where the establishment is located. If not a PA school district, enter "N/A."

PA Municipality: Enter the municipality (borough, city, town or township) where the establishment is located. The municipality may be different from the city/town used for postal delivery. If not a PA municipality, enter "N/A."

SECTION 6 - ADDITIONAL LOCATIONS

If the enterprise has more than one establishment conducting business in Pennsylvania or employs PA residents, refer to the instructions and complete Section 5, additional locations. This is a continuation of Section 1 when requesting to apply for multiple locations to be licensed.