Application Fee: $30.00

Application for Cigarette and Tobacco Products License

MUNICIPAL USE ONLY

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number

Must Provide a Copy of Permit

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship)			Federal Employer Identification No. (FEIN)
Trade or Business Name *(if different than Legal Name)*			Telephone Number ( )
Business Address (Permit Location)		Business Located In ☐ City ☐ Village ☐ Town of:	Business Telephone ( )
City	State / ZIP Code		County
Mailing Address *(if different than Business Address)*		City	State / ZIP Code

Organization *(check one)*

☐ Sole Proprietor ☐ Wisconsin Corporation – Enter date incorporated: _____

☐ Partnership ☐ Out-of-State Corporation – Are you registered to do business in Wisconsin? ☐ YES ☐ NO

☐ Other *(describe)* _____

Name of Agent:

☐ YES ☐ NO 1. Does the applicant understand that they must purchase cigarettes only from manufacturers, distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?

☐ YES ☐ NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435.)

☐ YES ☐ NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?

☐ YES ☐ NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health and Family Services? (SmokeCheck.org)

☐ YES ☐ NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products to minors?

☐ YES ☐ NO 6. Does the applicant understand that they may not sell single cigarettes?

☐ YES ☐ NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?

☐ YES ☐ NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco/index.html may be sold in Wisconsin?

Cigarettes / Tobacco will be sold ☐ over counter ☐ through vending machine ☐ both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

_____
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

SUBSCRIBED AND SWORN TO BEFORE ME

this _____ day of _____ , 20 _____

_____
(Clerk / Notary Public)

My commission expires _____