

DO NOT STAPLE



New Hampshire Department of Revenue Administration

DP-31

APPLICATION FOR TOBACCO TAX LICENSE

Manufacturers & Wholesalers

Check A or B as applicable

A. NEW LICENSE

B. RENEWAL

Current License #:

Grid for current license number

Manufacturer

Wholesaler

C. Tobacco Products Sold (check all applicable)

- Cigarettes, Little Cigars, Cigars, Loose, E-Cigarettes, Smokeless, Other

D. Indicate if you sell any tobacco products from Non-Participating Manufacturers (NPM) under the Master Settlement Agreement (MSA)

Yes No

1. Business Name (DBA)

Text box for Business Name (DBA)

2. Name of Entity (see instructions)

Text box for Name of Entity

3. Business Address Number & Street

Text box for Business Address Number & Street

4. City/Town

Text box for City/Town

State

Text box for State

Zip Code

Grid for Zip Code

5. Mailing Address Number & Street

Text box for Mailing Address Number & Street

6. E-mail Address

Text box for E-mail Address

7. City/Town

Text box for City/Town

State

Text box for State

Zip Code + 4 (or Canadian Postal Code)

Grid for Zip Code + 4

8. Business Phone Number

Grid for Business Phone Number

9. Purchase/Established Date

Grid for Purchase/Established Date

10. Previous Owner/Business Name

Text box for Previous Owner/Business Name

10(a) Type of Business Entity: Proprietorship, Corporation, Partnership, Fiduciary, Non-Profit

10(b) Fill in the correct taxpayer identification number for the entity requesting a license.

FEIN

Grid for FEIN

SSN

Grid for SSN

DIN

Grid for DIN

10(c) List the names of all entities that you buy tobacco products from that have a NH Wholesaler Tobacco Tax License or NH Manufacturer Tobacco Tax License (attach separate sheet if additional space is needed):

Text box for listing entities

10(d) List all the states where you hold a wholesaler/distributor tobacco license (attach separate sheet if additional space is needed):

MUST BE COMPLETED BY WHOLESALERS

Text box for listing states

10(e) Are you a first importer? Yes No

If yes, include a copy of your federal importer license and a listing of all tobacco products you import.

11. List individual owners, officers, partners, or members (attach a list of additional owners, officers, partners, or members if additional space is needed):

11(a) Last Name

Text box for Last Name

First Name

Text box for First Name

MI

Text box for MI

Title

Text box for Title

Residence Address - No PO Boxes

Text box for Residence Address

Social Security Number

Grid for Social Security Number

City / Town

Text box for City / Town

State

Text box for State

Zip Code + 4 (or Canadian Postal Code)

Grid for Zip Code + 4

Phone Number

Grid for Phone Number



APPLICATION FOR TOBACCO TAX LICENSE (continued)

11(b) Last Name First Name MI Title
 Residence Address - No PO Boxes Social Security Number
 City / Town State Zip Code + 4 (or Canadian Postal Code) Phone Number

12. License Fees:

Manufacturer:	Fee is \$100.00	\$	<input type="text"/>
Wholesaler:	Fee is \$250.00	\$	<input type="text"/>
Total Amount Enclosed		\$	<input type="text"/>

The appropriate fee(s), as listed in Line 12, must accompany this form.

Make Check Payable to: **STATE OF NEW HAMPSHIRE**

13. RSA 78:9, I requires the Commissioner to consider the following information prior to issuing or renewing a Tobacco Tax License.

- 13(a) Did the applicant previously have a NH Tobacco Tax License revoked under RSA 78:20? Yes No
- 13(b) Does the applicant or any interest holder in the applicant owe any taxes, interest or penalties to the State of NH under any other tax administered by the department, or any fees, fines or penalties resulting from violations of RSA 78 or RSA 126-K? Yes No
- 13(c) Has the applicant or any interest holder in the applicant been convicted of a crime related to Tobacco Tax or a crime involving theft or fraud in this or any state within the past 2 years? Yes No

14. This application must be signed by an owner, officer, partner, or member in ink and dated.

I hereby certify that the above information is true and correct and in conformity with applicable State laws. I am aware that failure to comply with the requirements of RSA 78, REV 1000, RSA 541-C, and RSA 541-D may result in suspension or revocation of the license issued pursuant to this application. If signed by a corporate officer, partner, or member on behalf of the manufacturer or wholesaler, I certify that I have the authority to legally execute this application on behalf of the licensee.

Signature of Taxpayer (in ink) MMDDYYYY Phone Number
 Print Signatory Name & Title

File online at Granite Tax Connect gtc.revenue.nh.gov/TAP/_/
 or mail to NH DRA PO Box 637, Concord NH 03302-0637.