

DO NOT STAPLE



New Hampshire Department of Revenue Administration

DP-31



00DP312411862

APPLICATION FOR TOBACCO TAX LICENSE

Manufacturers & Wholesalers

Check A or B as applicable

A. NEW LICENSE

B. RENEWAL

Current License #:

License number input boxes

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)

Business Name input box

2. Name of Entity (see instructions)

Name of Entity input box

3. Business Address Number & Street

Business Address input box

4. City/Town

City/Town input box

State

State input box

Zip Code

Zip Code input boxes

5. Mailing Address Number & Street

Mailing Address input box

6. E-mail Address

E-mail Address input box

7. City/Town

City/Town input box

State

State input box

Zip Code + 4 (or Canadian Postal Code)

Zip Code + 4 input boxes

8. Business Phone Number

Business Phone Number input boxes

9. Purchase/Established Date

Purchase/Established Date input boxes

10. Previous Owner/Business Name

Previous Owner/Business Name input box

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 input boxes

SSN input boxes

DIN input boxes

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):

Entity names input box

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

States input box

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

Last Name input box

First Name

First Name input box

MI

MI input box

Title

Title input box

Residence Address - No PO Boxes

Residence Address input box

Social Security Number

Social Security Number input boxes

City / Town

City / Town input box

State

State input box

Zip Code + 4 (or Canadian Postal Code)

Zip Code + 4 input boxes

Phone Number

Phone Number input boxes



**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"/>
<b>Total Amount Enclosed</b>		<b>\$</b>	<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/\\_/](http://gtc.revenue.nh.gov/TAP/_/)  
or mail to NH DRA PO Box 637, Concord NH 03302-0637.