

Retail Cigarette License

Please complete the requested information below for your Retail Cigarette License.
Infotax Square representative will begin processing your order upon receipt of payment.

Exempt States for Cigarette License : Arizona, Colorado, Illinois, Kentucky, Missouri, New Mexico, South Carolina and Virginia

PLEASE SELECT

Type of Entity:

Select State:

CONTACT INFORMATION (Business Location Information)

First Name: _____

Last Name: _____

Address: _____

Suite/Apt: _____

City, State, Zip: _____

Phone: (____) _____ - _____

Fax: (____) _____ - _____

BUSINESS OVERVIEW

Name of Entity: _____

State of Formation:

Date of Formation: _____ (mm/dd/yyyy)

Estimated Monthly Gross Receipts/Sales: _____

Employer ID Number: _____

Address: _____

Suite/Apt: _____

City, State, Zip: _____

Date Business Planning to Start: _____ (mm/dd/yyyy)

Application Type: New Application
 Registering Additional Locations or Vending Machines

Please Select All that applies how the cigarettes or tobacco products are sold at retail:
 Retail Location (example: convinient store)
 Cars, Trucks, Stands etc.
 Vending Machines

Business Description: _____

BANK INFORMATION (if any)

Bank Name: _____
Account Number: _____
Address: _____
Suite/Apt: _____
City, State, Zip: _____

OFFICERS/MEMBERS INFORMATION

OFFICER 1

Full Name: _____
Title: _____
(President, Vice President, Secretary, Treasurer, Owner, Member)

Driving License Number: _____ (if any)

Social Security Number: _____ (999-99-9999)

Percentage of Ownership: _____

Date of Birth: _____ (mm/dd/yyyy)

Residence Address: _____

City, State, Zip: _____

Phone, Fax: _____

OFFICER 2

Full Name: _____
Title: _____
(President, Vice President, Secretary, Treasurer, Owner, Member)

Driving License Number: _____ (if any)

Social Security Number: _____ (999-99-9999)

Percentage of Ownership: _____

Date of Birth: _____ (mm/dd/yyyy)

Residence Address: _____

City, State, Zip: _____

Phone, Fax: _____

OFFICER 3

Full Name: _____

Title: _____
 (President, Vice President, Secretary, Treasurer, Owner, Member)

Driving License Number: _____ (if any)

Social Security Number: _____ (999-99-9999)

Percentage of Ownership: _____

Date of Birth: _____ (mm/dd/yyyy)

Residence Address: _____

City, State, Zip: _____

Phone, Fax: _____

ORDER INFORMATION (For Pricing <http://www.infotaxsquare.com/retail-cigarette-license.htm>)

Do you have Sales Tax ID Number? <input type="radio"/> Yes <input type="radio"/> No			
Description	Cost of Each	No. of Locations	Total
Standard State Filing Fee			
Vending Machines			
Infotax Square Fee:			
Shipping and Handling:			
Grand Total:			

CARDHOLDER INFORMATION

- Check (payable to INFOTAX SQUARE): Our Mailing Address <http://infotaxsquare.com/contact.html>
 CREDIT CARD: This authorizes Infotax Square to charge my credit card for filing Certificate of Incorporation.

Card Type: Visa Master Card American Express Discover

First Last Name: _____
Billing Address: _____ City, State, Zip _____
Phone, Fax: _____
Card Number: _____ Expiration Date: _____
Country: _____



General Comments / Instructions:

TERMS OF USE AGREEMENT & DISCLAIMER (Click Here For Online)

The undersigned hereby represents and warrant that he/she duly authorizes Infotax Square to charge his/her credit card for the above services rendered.

Free Consultation
+1 (866)754 4460

Name / Signature

Official Use Only	Prepared by: _____
-------------------	--------------------

--	--

***Important: Please save the form before submitting**

Have a Question? Please contact our customer service department at 866-754-4460 or 516-822-3100, 516-822-3175.
You may also email your questions to info@infotaxsquare.com or take advantage of our Live Chat option. Live Chat available 24/7