

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, New Mexico 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

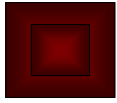
Retail Location (example: convinient store)

Cars, Trucks, Stands etc.

Vending Machines

Please Select All that applies how the cigarettes or tobacco products are sold at retail:

Business Description: _____



BANK INFORMATION (if any)

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

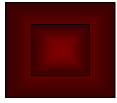
OFFICERS/MEMBERS INFORMATION

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: _____



InfotaxSquare  **com** [®]

Incorporate. LLC. Income Taxes. Business Taxes



Online Live Customer Support
Available 24/7

TOLL FREE
1-866-754-4460
FAX:
718-732-2471

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.

Name / Signature

Official Use Only - Prepared by: _____

You can mail the form at:

Infotax Square
109-13 Centerville Street, Suite 3R
Ozone Park, NY 11417

Fax at: 718-732-2471

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