



# Application for Distributor/Wholesaler License

- Cigarette distributor  
 Tobacco products distributor  
 Cigarette wholesaler

Office use only	
Date received	BIN
Cigarette license number	Date license issued
Tobacco license number	Approved by

• You must also complete the back of this form.

Business name		Business registry number		Federal employer ID number (FEIN)	
Physical street address		City	County	State	ZIP code
Mailing address (if different from above)		City	State	ZIP code	Phone (     )
Physical location of business records		City	State	ZIP code	Phone (     )
Contact person		Phone (     )		Fax number for business records (     )	
Date business started	Type of organization <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Other: _____				

Names of owners, partners, shareholders, or corporation officers:			
Name	Street address	City, State, ZIP code	Social Security number

Employer status

Are you an employer?    Yes (nonexempt)     No (exempt\*)

If yes, you must provide:

WCD seven-digit compliance number OR name of carrier and policy number: \_\_\_\_\_

\*All-family business may be exempt from workers' compensation. Contact the Workers' Compensation Division to determine eligibility, 503-947-7815.

Nature of business

Manufacturer     Common carrier     Wholesaler     Within Oregon     Internet sales  
 Distributor     Retailer     Importer     Outside Oregon     Other: \_\_\_\_\_

Source of product supply

Manufacturer's warehouse stock     Imported direct from outside Oregon  
 Manufactured in Oregon     From other licensed distributors

Cigarette tax stamps

Method of payment:    Cash    or     Deferred payment (requires deposit of a bond)

Method of shipment:    Pick-up    or     Courier: Name \_\_\_\_\_    Courier account no. \_\_\_\_\_

Average number of cigarettes (with Oregon stamps) to be distributed during the year: \_\_\_\_\_

Contact person's name and telephone number: \_\_\_\_\_

Mail completed application to: **Cigarette/Tobacco Tax  
Oregon Department of Revenue  
PO Box 14630  
Salem OR 97309-5050**

**Additional information on the back →**

**Additional information required**

What is the nature of your business that requires an Oregon license? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In what area (cities) do you plan to distribute in Oregon? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the name, address, and telephone number of your suppliers: (attach additional pages as necessary)

- 1. \_\_\_\_\_ 4. \_\_\_\_\_
- 2. \_\_\_\_\_ 5. \_\_\_\_\_
- 3. \_\_\_\_\_ 6. \_\_\_\_\_

List each manufacturer's name and the warehouse address from which you receive your supply: (attach additional pages as necessary)

Manufacturer's name	Warehouse address	City, State, ZIP code

Identify other licenses issued to you for cigarette and tobacco products for any other state: (attach additional pages as necessary)

Type of license (cigarette, tobacco products, etc.)	State

Will you use Oregon cigarette tax stamps on products that you distribute?  Yes  No. If yes, explain how and where you will affix the stamps for distribution.

Does the business being conducted violate any Oregon law?  Yes  No

Have you (applicant), or any other person listed on this application, ever been denied a permit, license, or other authorization to engage in any business to manufacture, export, or import tobacco products by any government agency (federal, state, local, or foreign), or had such permit, license, or other authorization revoked, suspended, or otherwise terminated?  Yes  No. If yes, you must explain.

**Consent to search for contraband product**

For the purpose of enforcing Oregon's cigarette tax and anti-contraband cigarette laws, I hereby consent to the inspection and examination by the Oregon Department of Revenue and its authorized agents of any books, records (including Oregon cigarette tax stamps), receipts, invoices, equipment relating to cigarettes; cigarette packs, cigarette cartons; or any other storage container designed or used to store cigarettes or any other pertinent document or equipment related to the sale, purchase, storage, tax stamp application, or transportation of cigarettes.

**Federal Privacy Act Information**

Under the general authority of OAR 150-305-0010, the Social Security numbers of all company officers of distributorships must be included in the application for a distributor's license. This information is to be used primarily by the Oregon Department of Revenue for identification and compliance purposes in the administration of the Oregon Cigarette Tax Act and the Oregon Tobacco Products Tax Act. Oregon law permits disclosure of such information to governmental units outside Oregon, which also tax tobacco products and which grant reciprocal rights.

Signing this application acknowledges awareness of the requirements of the Jenkins Act (Title 15, U.S.C. Sect. 375 et. seq.). This act requires distributors to file reports with the taxing authority of the state where cigarettes are shipped to persons other than another licensed distributor. The report must include the total number of cigarettes shipped, and the complete name and address of the person receiving the cigarettes.

I declare under the penalties for false swearing [ORS 305.990(4)] that I have examined this document and to the best of my knowledge, it is true, correct, and complete.

Signature	Title	Social Security number	Date
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