



Indiana Department of Revenue
**Application For Other Tobacco Products/E-Liquid
Distributor's License**

OTP Renewal OTP New License E-Liquid Renewal E-Liquid New License

Applicant's Name - Enter Individual, Partnership, or Corporation Name				Federal ID Number	
Business/Trade Name (if different from above)		Telephone Number		Owner's Social Security Number	
Mailing Address (street or P.O. Box number)	City	County	State	ZIP Code	
Physical Address of Business	City	County	State	ZIP Code	
Address Where Audit Records Will Be Available (if different from above)	City	County	State	ZIP Code	
OTP/ E-Liquid License Number (renewals only)	OTP/ E-Liquid License Expiration Date (renewals only)		Indiana Tax Identification Number		
Point of Contact Name		Telephone Number		Email Address	

Type of Ownership:	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC
Provide Name and Address of Resident Agent				
If Corporation, Provide Date of Incorporation				
If Foreign Corporation, Provide Date of Acceptance by Indiana Secretary of State				

Identification of Partners or Corporate Officers						
Name (Last Name First)	Social Security Number	Address	City	State	ZIP Code	Title

Does Applicant Presently Hold Any Other License or Permits Issued by Any State Agency? (Please List Below) <input type="checkbox"/> Yes <input type="checkbox"/> No		
State Agency	Type of License or Permit	Number

Indicate Name and Address from Whom You Currently Purchase and/or Expect to Purchase Other Tobacco Products (A Computer-Generated List Will Be Accepted). Not applicable to E-Liquid applicants.	
Supplier's Name	Address

I declare under penalties of perjury that the information contained in this application is true, correct, and complete to the best of my knowledge and belief.

Signature of Applicant or Authorized Agent: _____

Title: _____

Telephone Number: _____

Date: _____

You may not do business without your license.

This form and \$25 payment must be submitted 30 days prior to:

- A) the expiration of your current license or,
- B) the date you begin your business.

Mail to:

Indiana Department of Revenue
P.O. Box 901
Indianapolis, IN 46206-0901