



Form
ECG-1A
 State Form 53055
 (R2 / 9-23)

Indiana Department of Revenue
**Application for Open System Electronic
 Cigarette Retail Dealer's Certificate**

Renewal New Certificate

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	
Certificate Number (renewals only)	Certificate Expiration Date (renewals only)		Indiana Tax Identification Number		
Point of Contact Name	Telephone Number		Email Address		

Type of Ownership: Sole Proprietorship Partnership Corporation 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) Yes No

State Agency	Type of License or Permit	Number

Indicate Name and Address from whom you currently purchase and/or from whom you expect to purchase other tobacco products (A Computer-Generated List Will Be Accepted).

Supplier's Name	Address	FEIN

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 Taxpayer or Authorized Agent: _____

Title: _____

Telephone Number: _____

Date: _____

You may not do business without your certificate.
This form, a bond in the amount of \$1,000, and a \$25 payment
must be submitted 30 days prior to:
A) the expiration of your current certificate or,
B) the date you begin your business.

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

OR

Submit electronically:
intime.dor.in.gov