Form
CIG-1A
State Form 48477
(R3 / 2-14)

Indiana Department of Revenue

Application For Cigarette Distributor's Registration 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
CIG License Number (renewals only)	CIG License 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

Are you Registering to be a Stamping Distributor? ☐ Yes ☐ No

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

From What Source Do You Intend to Buy Cigarettes?			
☐	Direct from Manufacturer		
☐	Wholesaler Outside the State of Indiana	☐ Unstamped	☐ Stamped
☐	Indiana Distributor	☐ Unstamped	☐ Stamped
Does Your Company Expect to Sell Cigarettes into Another State? ☐ Yes ☐ No			

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 and $500 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