



# APPLICATION FOR CIGARETTE IMPORTER OR MANUFACTURER'S LICENSE

State Form 52632 (R / 9-14)

## INDIANA ALCOHOL AND TOBACCO COMMISSION TOBACCO ENFORCEMENT

302 W. Washington Street, Room E114  
Indianapolis, IN 46204  
Telephone: (317) 234-8790  
<http://www.IN.gov/atc>

### STEP 1 - GENERAL INFORMATION

Name of business entity	Telephone number of business (     )	E-mail address	
Address of principal place of business ( <i>number and street, city, state, and ZIP code</i> )			
Mailing address ( <i>if different</i> ) ( <i>number and street, city, state, and ZIP code</i> )			
Name of contact person	<i>Check one</i> <input type="checkbox"/> Original application <input type="checkbox"/> Renewal	License number ( <i>if renewal</i> )	Date of license expiration ( <i>month, day, year</i> )

### STEP 2 - BACKGROUND

Do you, the applicant, owe at least five hundred dollars (\$500) in taxes imposed under Indiana Code 6-7-1-12?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you, the applicant, had your tobacco importer or manufacturer's license revoked within the last two (2) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you, the applicant, violated Indiana Code 24-3-4?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you, the applicant, committed any offense under Indiana Code 6-7-1-21 and been found guilty or plead guilty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you, the applicant, in compliance with Indiana Code 24-3-3-12?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand that cigarettes have to be sold in a pack or carton and that selling single cigarettes is illegal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand that this license is not transferable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand that the term of this license is one (1) year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you attached the complete list of cigarette distributors licensed in Indiana to which you provide cigarettes?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### INDIANA CODE REFERENCE

Any Indiana codes referenced above can be found at <http://www.in.gov/legislative/ic/code/> . It is recommended that the applicant review these codes to ensure compliance with Indiana law.

### STEP 3 - FEE AND PAYMENT SCHEDULE

There is no fee for this One Year License. You may apply in person or by mail.  
You must provide a complete listing of all distributors that do business in Indiana to which you provide cigarettes.

More information may be found online at <http://www.IN.gov/atc> .

### STEP 4 - SIGNATURE AND AFFIRMATION

I certify that this application was completed by myself. I affirm under penalty of perjury that all information provided on this form is true and correct. I understand that it is a felony under Indiana law to misrepresent or falsify any portion of this application.

Signature of applicant	Date signed ( <i>month, day, year</i> )
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