



Indiana Department of Revenue
**Application for Other Tobacco Products/Taxable Products
Distributor's License**

Renewal 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	
License Number (renewals only)	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

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

For Remote Sellers Only	
Indicate the method you will use to calculate tax.	<input type="checkbox"/> Actual Cost <input type="checkbox"/> Actual Cost List (Include Attachment)
Provide the name of the independent third party age verification service being used.	

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

OR

Submit electronically:

<https://intime.dor.in.gov/>

Effective July 1, 2022, taxable products include Closed System Cartridges. IC 6-7-2-0.5 defines these as sealed, prefilled, and disposable containers of consumable material in which the container is inserted directly into a vapor product, and is not intended to be opened or accessible through customary or reasonably foreseeable handling or use.

Effective July 1, 2022, taxable products include Alternative Nicotine Products. IC 6-7-2-0.2 defines these as noncombustible products containing nicotine that are intended for human consumption, whether chewed, absorbed, dissolved, or ingested.