

Northern Virginia Cigarette Tax Board
14150 Newbrook Drive, Suite 210
Chantilly, VA 20151
Phone (703) 802-0373
Fax (703) 802-0375

**NVCTB CIGARETTE WHOLESALER
PERMIT APPLICATION**

PERMIT APPLICATIONANNUAL FEE \$200.00
(Must be submitted with completed application form)

Applicant submits and certifies to the following information:

- A. 1. Business Name _____
2. Type of Ownership: ____Individual ____Partnership ____Corporation
3. Federal I.D.# (if Corporation) _____
4. Trade Name _____
5. Business Address: _____

6. Telephone Number _____ Fax Number _____
Email _____
7. Address where cigarettes will be stored; _____

8. Mailing Address (if different from above) _____

9. Names and telephone numbers of persons responsible for the following;

1. Filing monthly reports _____(____)_____

2. Inventory counts _____(____)_____

3. Tax stamp purchases _____(____)_____

B. All documents relating to the purchase and/or sale of cigarettes by the above listed dealer must be retained for a period of three (3) years plus the current year and shall be made available to Agents of the Tax Board upon request for use in conducting audits and investigations. List location where documents will be stored _____.

C. Individual, partner(s) or corporate officers:

	(1)	(2)	(3)
Name			
Title			
Soc. Sec. No.			
Residence			
Home Tel. No.			

Attach sheet for additional partner(s) or corporate officer(s).

Applicant agrees to notify the Northern Virginia Cigarette Board in writing at least 30 days prior to any change in the officers, location or ownership of the business.

D. If applicant will purchase stamped cigarette packages rather than applying the stamp, list all suppliers; _____

E. If applicant will apply the necessary cigarette tax stamp to cigarette packages, list the make, model, manufacturer name of stamping equipment to be used and identification number

Address where cigarette-stamping machine will be located _____

The undersigned applicant makes application for the registration required by the member jurisdictions Cigarette Tax Ordinances to purchase and / or affix NVCTB stamps or stamped cigarettes and agrees to comply with all the provisions of these Ordinances and such Regulations as may lawfully be issued by the Northern Virginia Cigarette Tax Board pursuant thereto, to comply with the Bond Requirement and to keep all records as required. In addition, Applicant understands that there is a tax due on all NVCTB stamps / stamped cigarettes which will be reported and paid on a monthly basis and that periodic audits will be conducted to determine unreported stamps upon which a tax will be assessed along with penalty for non-payment.

All money collected as cigarette taxes under the ordinances of the Northern Virginia Cigarette Tax Board shall be deemed to be held in trust by the Dealer collecting the same until remitted to the Board as provided by Ordinance and this Resolution. Any report filed, or payment made, after the due date will be subject to late filing penalties and disallowed discount, regardless if there are no sales or taxes due. Continued failure to report will result in withdrawal of Registered Agent status and authority to purchase Dual VA/NVCTB stamps.

Any applicant whose place of business is outside the Board's legal jurisdiction shall automatically submit himself to the Board's legal jurisdiction and appoints the Administrator for the Board as his Agent for any service of lawful process. The applicant agrees that the Administrator and his duly authorized personnel may inspect any business premises during regular business hours.

Individual, Partner or a Corporate Officer listed on this form must sign.

NOTE: If there is a parent corporation, president or vice president of the parent corporation must also complete this section.

AFFIDAVIT

I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information and belief.

Signature of individual, partner or corporate officer

Title

Type name of individual, partner or corporate officer

Date

Telephone Number

Signature of parent corporate officer

Title

Type name of individual, partner or corporate officer

Date

Telephone Number

Contact name for person completing this application form

Telephone Number