

CTX-AW

FEBRUARY 1, 200__ TO JANUARY 31, 200__

THE CITY OF NEW YORK

FEE \$600.00

APPLICATION FOR A WHOLESALE CIGARETTE LICENSE

Department of Finance
Audit Division

OR LICENSE TO OPERATE CIGARETTE VENDING MACHINES

PLACE OF BUSINESS TO BE LICENSED	Name		FOR OFFICIAL USE ONLY	
	Trade Name		NYC License #	
	Street Address		Location	
	City/State		Date Issued	
	Zip	Issuer		
	Telephone	EIN# or SS#		NYS License #

1.	Name or Operator <i>(if different from above)</i>			Trade Name	
2.	Headquarters Street Address			City/State	Zip
3.	PLEASE INDICATE DESIRED WHOLESALE'S LICENSE TYPE		Agent Jobber <input type="checkbox"/>	Sub-Jobber <input type="checkbox"/>	Machine Operator <input type="checkbox"/>
4.	INDICATE NATURE OF OWNERSHIP	Individual <input type="checkbox"/>	Partnership <input type="checkbox"/>	Domestic Assn or Corp <input type="checkbox"/>	Out of State Assn or Corp <input type="checkbox"/>
5.	Business Start Date	Incorporation Date	State	NYC Authorization Date	
6.	IF YOU ARE CONDUCTING BUSINESS UNDER A TRADE NAME, PLEASE PROVIDE THE TRADE NAME FILING DATE AND COUNTY CLERK OFFICE WHERE FILED			Filing Date	County
7.	IF YOU ARE THE SUCCESSOR TO A LICENSED WHOLESALE, PLEASE PROVIDE THE NAME AND ADDRESS OF PREDECESSOR		Name		Address
8.	PLEASE PROVIDE BELOW THE NAMES, TITLES, AND RESIDENCE ADDRESSES OF ALL PROPRIETORS, PARTNERS, AND CORPORATE OFFICERS OF YOUR BUSINESS				
	Name	Title	Address		Phone #
	Name	Title	Address		Phone #
	Name	Title	Address		Phone #
	Name	Title	Address		Phone #
9.	PLEASE PROVIDE NAMES AND ADDRESSES FOR FIRMS FROM WHICH YOU PURCHASE CIGARETTES				
	Name		Address		
	Name		Address		
10.	DO YOU HAVE A NEW YORK STATE CIGARETTE LICENSE?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If "yes," please provide License #	
11.	ARE YOU A REGISTERED AGENT IN NEW YORK STATE?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If "yes," please provide Permit #	

(ATTACH ADDITIONAL SHEETS IF NEEDED TO COMPLETE REPORT)

PLEASE LIST ALL VEHICLES THAT YOU UTILIZE TO TRANSPORT CIGARETTES						
12.	Make/Year	License Plate #	State	Registered Owner		
	Make/Year	License Plate #	State	Registered Owner		
	Make/Year	License Plate #	State	Registered Owner		
	Make/Year	License Plate #	State	Registered Owner		
PLEASE LIST THE NAMES AND ADDRESSES OF ALL CIGARETTE SALESMEN OR ROUTEMEN REPRESENTING YOU						
13.	Name/Home Address		Name/Home Address			
	Name/Home Address		Name/Home Address			
	Name/Home Address		Name/Home Address			
	Name/Home Address		Name/Home Address			
PLEASE LIST BELOW LOCATIONS OF ALL VENDING MACHINES <small>(Use Form CTX-A34a for additional space or attach separate schedule.)</small>						
14.	Name	Type of Business		Address		
	Name	Type of Business		Address		
15.	I AFFIRM THAT THIS BUSINESS FILED ALL REQUIRED NEW YORK CITY AND NEW YORK STATE TAX RETURNS AND PAID ALL NEW YORK CITY AND NEW YORK STATE TAX LIABILITIES.			Yes <input type="checkbox"/>	No <input type="checkbox"/>	<small>(If "no," please provide details.)</small>
16.	NUMBER OF CIGARETTE VENDING MACHINES AS OF FEBRUARY 1 ST OF FILING YEAR		In NYC	Outside NYC		
17.	Bank References					

THE UNDERSIGNED HEREBY CERTIFIES THAT THE ANSWERS TO THE ABOVE QUESTIONS ARE CORRECT TO THE BEST OF HIS KNOWLEDGE AND BELIEF.

Business Name	
Applicant Name	
Applicant's Signature	
Applicant's Title	Date

ANY INCORRECT ANSWERS TO THE ABOVE QUESTIONS RENDER A LICENSE ISSUED UNDER THIS APPLICATION SUBJECT TO REVOCATION PURSUANT TO TITLE 11, CHAPTER 13 of the NYC ADMINISTRATIVE CODE FOR THE LICENSE YEAR INDICATED ON THE FRONT.

Submit check with application made payable to *NYC Department of Finance* and mail to:

NYC Dept. of Finance
 CTX Enforcement Unit
 345 Adams Street, 13th Floor
 Brooklyn, NY 11201