

CIGARETTE AND TOBACCO COMMON CARRIER APPLICATION

WHAT DATE YOU WILL START BUSINESS IN CALIFORNIA? (mm-dd-yyyy)

SECTION I - OWNERSHIP INFORMATION

TYPE OF OWNERSHIP (CHECK ONE):

- | | |
|--|---|
| <input type="checkbox"/> Sole Owner | <input type="checkbox"/> General Partnership |
| <input type="checkbox"/> Registered Domestic Partnership (RDP) | <input type="checkbox"/> Married Co-Ownership |
| <input type="checkbox"/> *Limited Liability Partnership (LLP) | <input type="checkbox"/> *Corporation (Inc.) |
| <input type="checkbox"/> *Limited Liability Company (LLC) | <input type="checkbox"/> *Joint Venture |
| <input type="checkbox"/> *Trust | <input type="checkbox"/> Estate |
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership (LP) | |

***Include partnership, LLC, Corporation, Joint Venture or Trust paperwork**

YOUR INFORMATION

<input type="checkbox"/> President <input type="checkbox"/> Partner <input type="checkbox"/> Registered Domestic Partner <input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/> Owner <input type="checkbox"/> Trustee		<input type="checkbox"/> Vice-President <input type="checkbox"/> Co-Partner <input type="checkbox"/> Registered Domestic Partner <input type="checkbox"/> Co-Manager <input type="checkbox"/> Member <input type="checkbox"/> Co-Owner <input type="checkbox"/> Trustee	
FULL NAME (first, middle, last)		FULL NAME (first, middle, last)	
AKA		AKA	
PHYSICAL ADDRESS (street, city, state, zip code)		PHYSICAL ADDRESS (street, city, state, zip code)	
MAILING ADDRESS (P.O. Box, street, city, state, zip code)		MAILING ADDRESS (P.O. Box, street, city, state, zip code)	
TELEPHONE NUMBER	EMAIL ADDRESS	TELEPHONE NUMBER	EMAIL ADDRESS
*DRIVER LICENSE NUMBER	STATE	*DRIVER LICENSE NUMBER	STATE
DATE OF BIRTH (mm-dd-yyyy)		DATE OF BIRTH (mm-dd-yyyy)	
*CA IDENTIFICATION NUMBER	*SOCIAL SECURITY NUMBER	*CA IDENTIFICATION NUMBER	*SOCIAL SECURITY NUMBER
OTHER		OTHER	

***Please provide a copy of these items if applicable**

PERSONAL REFERENCES

NAME	TELEPHONE NUMBER
NAME	TELEPHONE NUMBER

LLC INFORMATION

NAME OF LLC	JURISDICTION WHERE ORGANIZED/REGISTERED
START DATE (mm-dd-yyyy)	LLC NUMBER

*FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) OR SSN IF NO FEIN

***Please provide a copy of these items and a copy of your LLC Charter or Certificate of Qualification**

CORPORATE INFORMATION

NAME OF CORPORATION	JURISDICTION WHERE INCORPORATED/REGISTERED
DATE OF INCORPORATION (mm-dd-yyyy)	CORPORATE NUMBER

*FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) OR SSN IF NO FEIN

***Please provide a copy of these items and a copy of your Articles of Incorporation**

PERSONAL BANKING INFORMATION

BANK NAME	BRANCH LOCATION
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Is this bank used for business activities? Yes No

SECTION II - BUSINESS INFORMATION

Are you changing from one type of ownership to another? Yes No

CURRENT ENTITY TYPE	NEW ENTITY TYPE
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Are you buying or transferring an existing business? Yes No

CURRENT OWNER	ACCOUNT NUMBER
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DOING BUSINESS AS - DBA

BUSINESS ADDRESS (street, city, state, zip)

TELEPHONE NUMBER	EMAIL ADDRESS
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WEBSITE ADDRESS

Do you make Internet sales? Yes No

BUSINESS MAILING ADDRESS (PO Box, street, city, state, zip)

ADDRESS WHERE BOOKS AND RECORDS ARE MAINTAINED (street, city, state, zip)

CONTACT PERSON(S)

*Contact Person for questions about the books and records		*Contact Person for questions about business activities	
NAME		NAME	
TELEPHONE NUMBER	EMAIL ADDRESS	TELEPHONE NUMBER	EMAIL ADDRESS

***Please include a power of attorney [CDTFA-392](#), Power of Attorney for your contact person if he/she is not the registered owner, partner, corporate officer or LLC member.**

BUSINESS BANKING INFORMATION

BANK NAME	BRANCH LOCATION
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Will your business be accepting credit cards? Yes No

MERCHANT CARD PROCESSOR NAME	MERCHANT CARD PROCESSOR ACCOUNT NUMBER
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OTHER CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION (CDTFA) ACCOUNTS

Please list any other CDTFA accounts that you have

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	

If you need additional information, please contact the California Department of Tax and Fee Administration, Business Tax and Fee Division, P.O. Box 942879, Sacramento CA 94279-0088. You may also visit the CDTFA website at www.cdtfa.ca.gov or call the Customer Service Center at 1-800-400-7115 (TTY:711); from the main menu select the option, Special Taxes and Fees. Customer service representatives are available Monday through Friday from 8:00 a.m. to 5:00 p.m. (Pacific time), except state holidays