

CTX-AW

Application for a Wholesale Cigarette License or License to Operate Cigarette Vending Machines

Place of Business to be Licensed	Name		FOR OFFICE USE ONLY	
	Trade name		New York City License Number	
	Address		Location	
	City and State	Zip Code	Date Issued	
	Telephone	Email Address	Issued By	
	Federal Employment Identification No. or Social Security No.		New York State License Number	

1.	Name of Operator if different from above		Trade Name	
2.	Address of Headquarters Office		City and State	Zip Code
3.	Indicate Desired Type Wholesaler's License: Agent-Jobber <input type="checkbox"/> Sub-Jobber <input type="checkbox"/> Vending Machine Operator <input type="checkbox"/>			
4.	Indicate Nature of Ownership: Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Domestic Ass'n or Corp. <input type="checkbox"/> Out-of-State Ass'n or Corp. <input type="checkbox"/>			
5.	Date Business Began	Date of Incorporation	State	Date Authorized in New York City
6.	If Business is being conducted under a Trade Name, give Date of Filing of Trade Name Certificate and Office of County Clerk in which filed			
	Date		County	
7.	If Successor to Licensed Wholesaler, give Name and Address of Predecessor			
	Name		Address	
8.	Give Name, Titles and Residence Addresses of the Individual Proprietors, Partners, or Corporate Officers of your business			
	Name	Title	Home Address	Telephone
	Name	Title	Home Address	Telephone
	Name	Title	Home Address	Telephone
	Name	Title	Home Address	Telephone
9.	Give Names and Addresses of principal firms from whom you purchase cigarettes			
	Name		Business Address	
	Name		Business Address	
	Name		Business Address	
10.	Do you have a New York State Cigarette License? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	If YES, indicate State Cigarette License Number			
11.	Are you a Registered Agent in New York State? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	If YES, indicate State Permit Number			

Agents-Jobbers, Sub-Jobbers, Vending Machine Operators

Attach additional sheets if you need to complete this application

12.	DO YOU OR ANYONE ACTING ON YOUR BEHALF OWN, LEASE OR USE ANY VEHICLES TO TRANSPORT CIGARETTES? YES <input type="checkbox"/> NO <input type="checkbox"/>					
(If YES, please provide vehicle information for all vehicles used to transport cigarettes. You may use a CTX-A34a Form for additional space or attach a schedule.)						
	Make & Model	Year	Color	License Plate Number	State of Registration	Registered to Name

13.	DO YOU HAVE CIGARETTE SALESPERSONS OR ROUTE-PERSONS REPRESENTING YOU? YES <input type="checkbox"/> NO <input type="checkbox"/>	
(If YES, please list full names and addresses of all salespersons or route-persons representing you.)		
	Name	Home Address

14.	(FOR VENDING MACHINE OPERATOR ONLY) List below all locations of all vending machines (Use CTX-A34a for additional space or attach a schedule)	
	Name of Premises (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"/> If NO, provide details.

16.	Number of Cigarette Vending Machines located as of February 1, 2016: In New York City _____ Outside New York City _____
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17.	BANK REFERENCES:
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The undersigned hereby certifies that the answers to the above questions are correct to the best of his/her knowledge and belief.

Name of Business	
Name of Applicant (PRINT OR TYPE)	
Signature of Applicant	
Title	Date

ANY INCORRECT ANSWERS TO THE ABOVE QUESTIONS RENDERS A LICENSE ISSUED UNDER THIS APPLICATION SUBJECT TO REVOCATION.
Pursuant to Title 11, Chapter 13 of the Administrative Code for the license year shown on front

Submit check for Application made payable to N.Y.C. Department of Finance and mail to:

NYC Department of Finance
 Sheriff Division, CTX Unit
 30-10 Starr Avenue, 2nd Floor
 Long Island City, NY 11101
 Telephone: (718) 610-4080