

Application for Tobacco License Fee – HELP PAGE

FORM
DP-31
065

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
APPLICATION FOR TOBACCO TAX LICENSE
MANUFACTURERS, SUB-JOBBER, & WHOLESALERS

FOR DRA USE ONLY

Check A or B as applicable.
A NEW LICENSE B RENEWAL

LIC # _____
ISSUED BY _____
DATE _____

C	TOBACCO PRODUCTS SOLD <input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Loose <input type="checkbox"/> Other: _____ <input type="checkbox"/> Smokeless
D	INDICATE IF YOU SELL ANY TOBACCO PRODUCTS FROM NON PARTICIPATING MANUFACTURERS (NPM) UNDER THE MASTER SETTLEMENT AGREEMENT (MSA) <input type="checkbox"/> Yes <input type="checkbox"/> No

PRINT OR TYPE 1 BUSINESS NAME (DBA) 3 NH BUSINESS ADDRESS NUMBER & STREET, CITY/TOWN, STATE AND ZIP CODE+4 5 MAILING ADDRESS (IF DIFFERENT THAN #3) NUMBER & STREET, CITY/TOWN, STATE AND ZIP CODE+4 6 PREVIOUS OWNER NAME (IF NEW BUSINESS ENTER "FIRST OWNER")	2 NAME OF LEGAL ENTITY/OWNER 4 BUSINESS PHONE 7 PURCHASE/ESTABLISHED DATE
8 TYPE OF BUSINESS ENTITY & TAX IDENTIFICATION NUMBER (SSN/FEIN/DIN) CHECK ONE: <input type="checkbox"/> ① PROPRIETORSHIP <input type="checkbox"/> ② CORPORATION SOCIAL SECURITY NUMBER (SSN) FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) <small>Proprietorships MUST enter SSN</small> SMLLC/LLC	

8(b) List the names of all individuals/entities from whom you buy tobacco products (attach separate sheet if additional space is needed):

9 INDIVIDUAL OWNERS, OFFICERS, OR MEMBERS NAME TITLE SSN CONTACT TELEPHONE ADDRESS CITY/TOWN, STATE, ZIP CODE+4 NAME TITLE SSN CONTACT TELEPHONE	10. LICENSE FEES: <input type="checkbox"/> MANUFACTURER Fee is \$100.00 \$ <input type="checkbox"/> SUB-JOBBER Fee is \$150.00 \$ <input type="checkbox"/> WHOLESALER Fee is \$250.00 \$ TOTAL AMOUNT ENCLOSED \$ Make check payable to: STATE OF NEW HAMPSHIRE The appropriate fee(s), as listed in Line 10, must accompany this form.
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MAIL NH DRA

Indicator Type: Select whether you will be entering your Social Security Number (SSN), the business Federal Employer Identification Number (FEIN), or the Department Identification Number (DIN).

Identification Number: The Identification Number will always be a 9-digit number that will represent the Social Security Number (SSN) of an individual or the Federal Employer Identification Number (FEIN) for a business, or a 9-character alpha/numeric Department Identification Number (DIN). This is a required field and the entry should contain only numbers and/or characters with no hyphens. For example: 123456789 or NL1234567

Entity Type: A choice must be made for the Business Entity Type of Individual/Proprietorship/Joint, Corporate, Partnership, Fiduciary, Non-profit, Combined, Real Estate (non-HC), or Real Estate (HC type). Note: HC represents Holding Company.

Taxpayer First Name: If Social Security Number was selected as the Indicator Type, you must enter your first name with a maximum of 15 characters.

Taxpayer Middle Initial: If Social Security Number was selected as the Indicator Type and you have a middle name, please enter the initial.

Taxpayer Last Name: If Social Security Number was selected as the Indicator Type, you must enter your last name with a maximum of 30 characters.

Business Name: If Federal Employer Identification Number (FEIN) or Department Identification Number (DIN) was selected as the Indicator Type, you must enter the name of your business with a maximum of 46 characters.

Fee Type: Select the fee type as "New" or "Renewal." If you have already been assigned a License Number from the Department, please select Renewal.

License Number: If selecting "Renewal" as Fee Type, then you must enter the License Number that the Department has previously assigned to you.

Amount: Tobacco License Fees are \$100 for Manufactures, \$150 for Sub-Jobbers, and \$250 for Wholesalers. Do not enter the \$ symbol or an error will be displayed. Enter only the dollar amount, otherwise you will not be able to proceed with making a payment.