## MANUFACTURER'S SALES REPRESENTATIVES' LICENSE APPLICATION FOR CIGARETTE, CIGAR AND TOBACCO PRODUCTS

**Notice:** A tobacco license will not be issued to a person with any outstanding state tax liability.

1. **Applicant's Name**
   - 
   - **Residence Address**
   - **Telephone Number**
   - **Email**
   - **Vehicle: Personal** [ ]  **Company** [ ]
   - **Make**
   - **Model**
   - **License Number**
   - **State**

2. **Manufacturer's Name**
   - 
   - **Address**
   - **Street or Box Number**
   - **City**
   - **State**
   - **Zip**

   **NOTE:** This office must be notified of any permanent vehicle change that takes place during the licensing period.

3. **Applicant's Supervisor**
   - **Telephone Number**
   - 
   - **Address**
   - **Street or RFD**
   - **City**
   - **State**
   - **Zip**

4. **List all tobacco products by brands handled by Representative:**
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   - 
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   - 

5. **Location of facilities used to store tobacco products if other than residence:**
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   - 
   - 

6. **Representative's territory:**
   - **1) Includes State other than S.C.** Yes [ ]  No [ ]
     - If Yes, list other States
   - **2) Includes all of S.C.** Yes [ ]  No [ ]
     - If No, list all S.C. Counties

   Have you ever been charged with a violation of any type of tobacco tax? Yes [ ]  No [ ]
   - If yes, state nature of violation, date of violation and in which state violation occurred.

I, ______________________________________ swear (or affirm) that the information contained herein is true and correct to the best of my knowledge and belief.

______________________________  ______________________________  ______________
Signature  Title  Date

**Mail to:** SC Department of Revenue, P.O. Box 125, Columbia, SC 29214-0400

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