



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
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
SSN
FEIN
Street or RFD
City
State
Zip
Email

Vehicle: Personal [] Company []

Table with 4 columns: 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
Address
Telephone Number
Street or RFD
City
State
Zip

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

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

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