DR 0218 (09/06/13)
COLORADO DEPARTMENT OF REVENUE
Excise Tax Accounting Room 237
PO Box 17087
Denver, CO 80217-0087
www.TaxColorado.com

Cigarette Distributor Application



This form is to be used by new distrible A separate license is required for each A license will not be issued if the taxpay For forms, go to www.TaxColorado.com	place of businger owes any	ness. delinquent ta:	kes adminis			nt.	
Type of Ownership: Individual	Gene	ral Partnershi	р 🗌 (Corporation	LLC	Other	
Account Number						Specify Other	
Taxpayer's Last Name or Business Name		First Name				Middle Initial	
Trade Name/Doing Business As (if applicable)							
Address of Principal Place of Business	City	/				State Zip	
E-mail address (required)					Phon	e Number	
Mailing Address (if different from above)	City	/				State Zip	
FEIN/SSN (required)	First Day of Busi	ness (MM/DD/YY)	Period (Dept.	use only)(MM/YY	'- мм/үү) Phon	e Number	
A cigarette distributor license is required if the applicant qualifies in any of the following categories. Check the appropriate boxes: Cigarette Distributor — A person, firm, limited liability company, partnership, or corporation who imports cigarettes into Colorado for sale or resale (includes any means of exchange); and/or Cigarette Distributor — Purchasing and affixing tax stamps to packs of cigarettes. Cigarette Wholesale Subcontractor — Purchasing stamped cigarettes from a Colorado distributor for resale to a retailer in Colorado. The following must accompany this application before your license can be issued: ✓ Cigarette Distributor only — A surety bond issued by a company authorized to do business in this state in an amount							
DR 0219 the amount of \$	is inc	luded with thi	s applicatio	n.		·	
Agreement or that places funds into a ✓ Form DR 1286 and/or DR 1285. ✓ My Department of Revenue sales tax Department of Revenue sales tax ac Withholding Account Application, and ✓ Cigarette Distributor only – A complete	account numb count number I the proper fe	per is r, enclose a c res with this a	ipplication.	R 0100AP,		Sales Tax/Wage	



Fee Schedule									
The license fee is based on a fiscal year beginning July 1 and ending June 30. If opening date of the business occurs:									
July	October	January	April	0218-750					
August	November	February	May						
September	December	March	June	Cigarette License Fee					
Fee: \$10.00	Fee: \$7.50	Fee: \$5.00	Fee: \$2.50	•1 \$					
The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not									

The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.

The applicant agrees that upon acceptance of the license granted by the Department for cigarette tax, that they are subject to all provisions of the following statutes and regulations: §C.R.S., Title 39, Article 28, Part 1-Cigarette Tax, Title 39, Article 28, Part 2-Tobacco Escrow Funds, Title 39, Article 28, Part 3-Additional requirements for tobacco product manufacturers and stamping agents. The Certified Brands Directory, FYIs, regulations and statutes are available at **www.TaxColorado.com.** Non-compliance with these statutes and regulations can result in revocation of the license(s) for two years.

for two years.		
I declare under penalty of perjury in the second degree that the	statements made in this applicati	on are true and
complete to the best of my knowledge (Signature required belo	w).	
Type or Print Authorized Signature	Title	
Signature of Owner, Partner or Corporate Officer		Date (MM/DD/YY)