

DR 0222 (08/01/14)
COLORADO DEPARTMENT OF REVENUE
 Excise Tax Accounting Room 237
 PO Box 17087
 Denver CO 80217-0087
 www.TaxColorado.com
 303- 205-8211 ext. 6879

Tobacco Products Distributor Application



- This form is to be used by new distributors or change of ownership.
- A separate license is required for each place of business.
- A license will not be issued if the taxpayer owes any delinquent taxes administered by the department.
- For forms go to www.TaxColorado.com

Type of Ownership		Colorado Account Number	
<input type="checkbox"/> Individual <input type="checkbox"/> General Partnership <input type="checkbox"/> Corporation			
<input type="checkbox"/> LLC <input type="checkbox"/> Other		Specify Other	

Last Name or Business Name	First Name	Middle Initial
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Trade Name/Doing Business As (if applicable)

Address of Principal Place of Business (street)	City	State	Zip
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Phone Number ()	Email Address (required)
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Mailing Address (if different from above)	City	State	Zip
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Phone Number ()	FEIN	SSN (if individual)	First Day of Business (MM/DD/YY)	Period (Dept. use only) (MM/YY - MM/YY)
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A tobacco products license is required if the applicant qualifies in any of the following categories. Check the appropriate boxes:

Tobacco Products Distributor—Check all that apply:

First to receive tobacco products in the state. Ships or transports tobacco products to retailers in Colorado.

Purchase tobacco products from manufacturer or unlicensed out-of-state wholesaler.

Tobacco Products Distributing Subcontractor—A person, firm, limited liability company, partnership or corporation who purchases excise tax paid tobacco products from a licensed Colorado tobacco products distributor for resale to a retailer in the state.

The following must accompany this application before your license can be issued:

1. My sales tax Department of Revenue account number is: Colorado Account Number

If you do not have a valid Department of Revenue sales tax account number, enclose a completed CR 0100AP, Colorado Sales Tax/Wage Withholding Account Application, and the proper license fee with this application.

2. Form DR 1286 and/or DR 1285.

3. A completed DR 5785, Authorization for Electronic Funds Transfer (EFT) For Tax Payments. **(not required for Tobacco Products Distributing Subcontractors)**

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-August-September	October-November-December	January-February-March	April-May-June	0222-750
Fee: \$10.00	Fee: \$7.50	Fee: \$5.00	Fee: \$2.50	Tobacco Products License Fee ● 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 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 tobacco products tax, that they are subject to all provisions of the following statutes and regulations: § C.R.S., Title 39, Article 28.5 Tobacco Products, 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, FYI's, 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.

I declare under penalty of perjury in the second degree that the statements made in this application are true and complete to the best of my knowledge.

Type or Print Authorized Signature	Title
Signature of Owner, Partner or Corporate Officer	Date (MM/DD/YY)