

Area of Distribution	List states other than Kentucky in which cigarettes will be distributed and include copies of other states' licenses. _____																								
Area of Distribution (Complete Only if Vending Machine Operator)	List counties in each state where vending machines are located. _____ <i>(Attach list if necessary.)</i>																								
Names and Addresses of All Subjobber Customers	<table border="1"> <thead> <tr> <th>Name</th> <th>Address</th> <th>License Number</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table> <i>(Attach list if necessary.)</i>	Name	Address	License Number	_____	_____	_____	_____	_____	_____	_____	_____	_____												
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Names and Addresses of Cigarette/Other Tobacco Product Suppliers	<table border="1"> <thead> <tr> <th>Name</th> <th>Address</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table> <i>(Attach list if necessary.)</i>	Name	Address	_____	_____	_____	_____	_____	_____	_____	_____														
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Names and Addresses of Retail Businesses to Whom Sold	<table border="1"> <thead> <tr> <th>Name</th> <th>Address</th> <th>Sales Tax Permit Number</th> <th>Telephone Number (include area code)</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>()</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>()</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>()</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>()</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>()</td></tr> </tbody> </table> <i>(Attach additional sheets if necessary.)</i>	Name	Address	Sales Tax Permit Number	Telephone Number (include area code)	_____	_____	_____	()	_____	_____	_____	()	_____	_____	_____	()	_____	_____	_____	()	_____	_____	_____	()
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Storage Facility	Describe how and where cigarettes will be stored prior to sale. _____																								
Method of Delivery	<input type="checkbox"/> Motor Freight. If other means of transportation used, describe _____ _____																								
Number of Vehicles	If motor vehicles are used in transporting cigarettes, give the approximate number. _____																								
Points of Origin of Cigarettes	List points of origin where cigarettes will be accepted for delivery to consignees in Kentucky. _____																								
Destination of Cigarettes	Designate the counties or general area of the state where the cigarettes will be delivered. _____																								

AFFIDAVIT

I am a Resident Wholesaler,

as defined in KRS 138.130(10) as “any person who purchases at least seventy-five percent (75%) of all cigarettes purchased by him directly from the cigarette manufacturer on which the cigarette tax provided for in KRS 138.130 to 138.205 is unpaid, and who maintains an established place of business in this state where he attaches cigarette tax evidence, or receives untaxed cigarettes.”

I am a Nonresident Wholesaler,

as defined in KRS 138.130(11) as “any person who purchases cigarettes directly from the manufacturer and maintains a permanent location or locations outside this state where Kentucky cigarette tax evidence is attached or from where Kentucky cigarette tax is reported and paid.”

I am a Subjobber,

as defined in KRS 138.130(12) as “any person who purchases cigarettes from a wholesaler licensed under KRS 138.195 on which the tax imposed by KRS 138.140 has been paid and makes them available to retailers for resale. No person shall be deemed to make cigarettes available to retailers for resale unless the person certifies and establishes to the satisfaction of the department that firm arrangements have been made to regularly supply at least five (5) retail locations with Kentucky tax-paid cigarettes for resale in the regular course of business.”

I, the undersigned representative of _____, solemnly swear or affirm under penalty of perjury that I have read the statement marked above and understand it to be true and accurate for the company I represent to the best of my knowledge and belief.

Signature _____

Title _____ Date _____

