

Retail Cigarette License

Please complete the requested information below for Retail Cigarette License.

CONTACT INFORMATION

First Name: _____

Last Name: _____

Address: _____

Suite/Apt: _____

City, State, Zip: _____

Phone: (_____) _____

Fax: (_____) _____

Email: _____

COMPANY INFORMATION

Name of Entity: _____

Type of entity (encircle One)

- Corporation
- S-Corporation
- Single Member LLC
- Multi Member LLC
- Partnership
- Sole proprietor

State of Formation: _____

Estimated Monthly Gross Receipts/Sales: \$ _____

Employer ID Number: _____

Date of Formation: _____ (mm/dd/yyyy)

License to be effective on: _____ (mm/dd/yyyy)

Address: _____

Suite/Apt: _____



ZAKIR CPA PLLC

zakircpa.com

1506 Castle Hill Ave,
Bronx, NY 10462, United States

Phone: +1 929-207-1516
Phone: +1 929-207-1516

Email: support@zakircpa.com
Email: tax@zakircpa.com

City, State, Zip: _____

Application Type:

- New Application
- Registering Additional Locations or Vending Machine

Please Select All that applies how the cigarettes or tobacco products are sold at retail:

- Retail Location (example: convenient store)
- Cars, Trucks, Stands etc.
- Vending Machines

Business Description: _____

BANK INFORMATION

Bank Name: _____

Routing Number: _____

Account Number: _____

SHAREHOLDER/OFFICERS/MEMBERS INFORMATION

SHAREHOLDER 1

Full Name: _____

Social Security Number: _____ (999-99-9999)

Percentage of Ownership: _____

Date of Birth: _____

Driving License Number (if Any) _____

Residence Address: _____

City, State, Zip: _____

Phone, _____

Fax: _____

SHAREHOLDER 2

Full Name: _____



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Email: support@zakircpa.com

Email: tax@zakircpa.com

Social Security Number: _____ (999-99-9999)

Percentage of Ownership: _____

Date of Birth: _____

Driving License Number (if Any) _____

Residence Address: _____

City, State, Zip: _____

Phone, _____

Fax: _____

(if more shareholder please attach an extra sheet)

I authorize Zakir CPA, PLLC to Apply for Retail Cigarette License and willing to pay \$_____ (exclusive of State and county Fee).

^Please fill in Fee Amount as Mentioned in Fee Schedule. Or Fee Discussed with Accountant.

Name

Signature & Date