CTP-129: Cigarette-Tobacco/Vapor Products Permits Application

DEPARTMENT USE ONLY	
Permit Number	
Period Covered	
Date of Issuance	

Section 1: Applicant Information	(Rea	d instructions b	efore co	mpleting this form.
Legal Name (corporation, limited liability company, partnership, or individual)		FEIN or SSN	(if sole p	roprietor or individual)
Business Name (DBA) (if different from Legal Name)			Business	Telephone No.
Business Address (Do not use PO Box)	City or Post Office		State	Zip Code
Mailing Address (if different from business address)	City or Post Office		State	Zip Code
Business Located In: City Village Town of: (Mur	nicipal name)	County of:	(Wisconsi	n county name)
Email Address	Website Address			
Section 2: Permit Type Check the permit(s) for which you are applying. Enclose only one number of permits you have checked. Cigarette Manufacturer (Enclose copy of federal permit.) Cigarette First Importer of Record (Enclose copy of federal perm Cigarette Distributor Cigarette Jobber 1. Do you own and operate any retail outlet that makes sales of cigarettes? If no, you qualify for permit. 2. If yes, will more than 50% of your cigarette sales be made to retailers, vending machine operators, or multiple retailers not owned, controlled or operated by you?		Cigarette Ware Cigarette Vend (complete I Cigarette Multi (complete I Direct Markete Bonded Tobacco/Vapor (Enclose o Tobacco/Vapor Record (Enclose o Tobacco/Vapor	ehouse (Viling Mach Form CT- ple Retai Form CT- r (check Nonb r Product copy of for Product	VI only) nine Operator -124) ler -125) one) onded s Manufacturer ederal permit.) s First Importer of
Wisconsin Corporation – Enter date incorporated: Out-of-State Corporation – Are you registered to do business in Wisconsin Limited Liability Company – Enter date registered with Department Taxed as a: Single member LLC disregarded as a separate Nonprofit organization	of Financial Institutions:	No	ation	

Attach sheet referencing question number if additional space is needed to answer the questions below.

Section 4

Ha	ve you as a sole	proprietor, partner(s), lim	nited liability company mem	ber(s), or co	rporate officer(s):		
a)	Held, or now ho	old, a permit or certificate	issued by the Wisconsin De	epartment of	Revenue?	Yes	☐ No
	If Yes, indicate:	Type of permit or certifi	cate	P	ermit or certificate number		
		Location for which it wa	is issued	(e	treet address, city, state, zip code)		
b)					raffic violations?	Yes	∐ No
۵)	If Yes, check typ		deral State		al Ordinances		
C)					s), or corporate officer(s)]: st 3 times?	□ Voc	□ No
				•		Yes Yes	∐ No □ No
					der ch. 961?	Yes	☐ No
			om gambling or has been				
			-			Yes	□ No
						Yes	☐ No
	_		aning money or anything				
	_	•		-		Yes	No
	Does not hold	a permit under sec. 77.5	52(9), Wis. Stats., if the ap	plicant is a	retailer?	Yes	No
d)	Have you been	convicted of a felony? If y	es, describe the nature of th	ne felony; if p	pardoned, give the date and pla	ce of the p	ardon and attach
	a copy to the ap	pplication.					
1.	Date you will be Where will you Will you purch a. Will you pu	arette Applicants Ol pegin selling/receiving c u warehouse the cigarett ase only Wisconsin sta urchase other states' sta	igarettes: // month // tes?	/Other S	_		
	If YES, wil	•	tates' stamped product at		permit location?	NO	
			stamp affixed) cigarettes		n a manufacturer (including fi	rst import	er of the
	If YES, list	the manufacturers/impo	orters and attach their Let	er of Direct	Buy (see Section III, Cigaret	te Distrib	utor).
	Manufac	cturer/Importer Name	Street Address		City	State	Zip Code
		Tanon, Importor Francis	0.100171441000		on,	Otato	2.p 0000
	_					1	
	c. Do you ow	n and/or lease automat	ed stamp application equi	oment?	YES NO		
	If YES, pro	ovide the machine manu	facturer:		Model No.		
	If NO exp	lain how the stamps will	be affixed:				

	Supplier Name		Street A	ddress			
	City		State	Zip Code	Wisconsin Pe	rmit Number	
	Supplier Name		Street Address				
	City		State	Zip Code	Wisconsin Pe	rmit Number	
	Supplier Name		Street A	ddress			
	City		State	Zip Code	Wisconsin Pe	rmit Number	
	Supplier Name		Street A	ddress			
	City		State	Zip Code	Wisconsin Pe	rmit Number	
5	Do you hold, or have you held w	within the last three years, a ciga	rette stan	nning permit with	any other stat	e(s)? [☐YES ☐NC
Ο.		-			arry other stat	C(3): [
	•	/license number and check curr			// i N-		24-4
	State (abbr.) Permit/License N	o. Status Active Inactive	State	,	/License No.	☐ Active	Status Inactive
			-				
			I —			Active	e
	ction 6: Tobacco/Vapor Pr Date you will begin selling/rece	• •	month /_	day vear			
	Where will you warehouse the			_	her		
۷.	which will you warehouse the	.obacco/vapor products:	1 Cillin L			address, city, s	state, zip code
3.	Will you purchase tobacco/vapo	or products from: Inside W	isconsin	Outside V	/isconsin [Outside	United States
4.	List names and addresses of you	our tobacco/vapor products sup	piiers.				
	Name	Street Address		City	,	State	Zip Code
_							
Se	ction 7: Cigarette and Tob	acco/Vapor Products Distr	ributors	•			
Dis	tributor's email address (MSA re	equirement):					
Cal	ntact Person Name:		Tolo	phone Number:			
COI	itact Person Name.		_ 1616	priorie ivulliber.			
De	claration (ALL applicants o	complete this section)					
		,		- If			
NO	TE: If applicant is a corporation of a limited liability comp	on , the president and secretary any , two members must sign ur					
I de	eclare under penalties of law that	I have examined this informatio	n and, to	the best of my k	nowledge, it is	true, corre	ct, and complete
Sig	nature	Title				Date	
Sic	nature	Title				Date	
Joig	ilatul 6	Title				Date	

4. List your cigarette suppliers below.

Auxiliary Questionnaire

To be completed by each individual, partner, or member and each officer, director, agent, and holder of 5% or more stock of a corporation.

1. Name of Individual, Partner, Member, Officer, etc.					2. Social Security Number	3. Date of Birth
4. Home Address and Phone Number				5. Legal Name		
6. City			State	Zip	7. Position With Applicant	8. Percent of Stock Held
Yes No	9.		are a sol	e proprietor, partner, me		corporation, you must complet cess" by Nonresident or Foreig
Yes No	10.			uilty of crimes relating to lant to ch. 125, Wis. Sta		alue to persons holding license
Yes No	11.	Have you ever If Yes, check ty	been cor pe viola	nvicted of violating federa ted → ☐ Federal		
If you have be copy to the ap			ony, desc	ribe the nature of the fe	ony. If pardoned, give date, a	nd place of pardon and attach
declare under pen	alties	of the law that I	have exa	mined this information ar	d, to the best of my knowledge	, it is true, correct, and complete
Your Signature						Date
CTP-129 (R. 7-20)						Wisconsin Department of Revenu
a corporation. 1. Name of Individual,	,				2. Social Security Number	holder of 5% or more stock of 3. Date of Birth
4. Home Address and	Phone	Number			5. Legal Name	
6. City			State	Zip	7. Position With Applicant	8. Percent of Stock Held
Yes No	9.		are a sol	e proprietor, partner, me		corporation, you must complet cess" by Nonresident or Foreig
Yes No	10.	Have you been		uilty of crimes relating to lant to ch. 125, Wis. Sta		alue to persons holding license
Yes No	11.	Have you ever If Yes, check ty			l or state laws or local ordinand	ces other than traffic forfeitures Iinances
		Also provide d	etails of	the violation (nature, dat	e, place, court, and dispositio	n):
If you have be copy to the ap			ony, desc	ribe the nature of the fe	ony. If pardoned, give date, a	nd place of pardon and attach
declare under pen	alties	of the law that I	have exa	mined this information ar	d, to the best of my knowledge	, it is true, correct, and complete
Your Signature						Date

Appointment of Department of Financial Institutions for Service of Process by Nonresident or Foreign Corporation

Sec. 139.34(9), Wis. Stats.

(Legal Name of Nonresident Individual, Partnership, Limited Liabi	, an applicant for a Wisconsin cigarette and/or
tobacco products permit and a nonresident	individual, partnership, limited liability company, or corporation
formed under the laws of the State of	appoints the Wisconsin Department of
Financial Institutions for the service of all su	ummons, notices, pleadings, and processes in any actions brought
in the State of Wisconsin and agrees that su	ach service on the Department of Financial Institutions shall have
the same effect as if served on the applicant 1	personally. The appointment shall continue as long as any liability
remains against the applicant in the State of	Wisconsin.
Indicate below the address to which any pap	pers served under this appointment should be mailed:
ATTESTING SIGNATURES:	Dated this,,
Individual, Partner, Member, or Corporate Officer	
Individual, Partner, Member, or Corporate Officer	Title
	ividual, two members of a partnership or limited liability company ited liability company), or two officers of the corporation.
Send the completed form (in duplicate) to:	Excise Tax Unit MS 5-107 Wisconsin Department of Revenue PO Box 8900

Madison WI 53708-8900

This page intender

CTP-129: Instructions for Application for Cigarette and Tobacco/Vapor Product Permits

I. INTRODUCTION

This document provides information regarding the following cigarette tobacco and vapor products permits or registrations issued by the department:

- · Cigarette Manufacturer
- · Cigarette First Importer
- · Cigarette Distributor
- · Cigarette Jobber
- · Cigarette Warehouse
- · Cigarette Vending Machine Operator
- · Cigarette Multiple Retailer
- · Cigarette Direct Marketer
- · Cigarette Salesperson
- · Tobacco/Vapor Products Manufacturer
- Tobacco/Vapor Products First Importer
- Tobacco/Vapor Products Distributor
- Tobacco/Vapor Products Subjobber

See definitions under Section II to determine the permits you need. **Permits are not transferable to another person or place.** Notify this department immediately when your business has any change to its name, address, or Federal Employer Identification Number (FEIN) or when you cease operating in Wisconsin.

The sale of cigarettes and tobacco products to consumers in Wisconsin requires the seller to hold a valid Wisconsin retail license. The city, village, or town clerk, **not** the Department of Revenue, issues retail licenses.

II. DEFINITIONS

Cigarette Manufacturer – Any person who manufactures cigarettes for sale or the first importer of record of cigarettes into the United States.

Cigarette Distributor – Any person who (1) acquires unstamped cigarettes from the manufacturer, affixes cigarette tax stamps to those cigarette packs or containers, stores the stamped cigarettes, and sells them to other permittees or to retailers for resale, or (2) acquires Wisconsin stamped cigarettes from another permittee for such sales.

Cigarette Jobber – Any person who acquires Wisconsin stamped cigarettes from cigarette distributors, stores them, and sells them to retailers for resale.

Cigarette Warehouse – The premises where a person is lawfully engaged in the business of storing cigarettes for profit, but not including premises where common carriers may temporarily store cigarettes in their possession while in transit in interstate commerce.

Cigarette Vending Machine Operator – A person who acquires Wisconsin stamped cigarettes from cigarette distributors or jobbers, stores them, and sells them through vending machines which he or she owns, operates, or services, and which are located on premises owned or under the control of other persons.

Cigarette Multiple Retailer – A person who acquires Wisconsin stamped cigarettes from cigarette distributors or jobbers, stores them, and sells them to consumers through 10 or more retail outlets which he or she owns and operates within and outside Wisconsin.

Cigarette Direct Marketer – A person who sells cigarettes by direct marketing to consumers in Wisconsin for the consumers own personal use.

Cigarette Salesperson – A person in Wisconsin who solicits orders for or engages in the sale of cigarettes for future delivery. "Peddling" is illegal in Wisconsin.

Tobacco/Vapor Products Manufacturer – Any person who manufactures tobacco/vapor products for sale.

Tobacco/Vapor Products Distributor – Any person:

- Engaged in the business of selling tobacco/vapor products in Wisconsin who brings, or causes to be brought, into this state from outside Wisconsin any tobacco/vapor products for sale.
- Who makes, manufactures, or fabricates tobacco/vapor products in Wisconsin for sale in Wisconsin.
- 3. Engaged in the business of selling tobacco/vapor products outside Wisconsin who ships or transports tobacco/vapor products to retailers in Wisconsin for sale by the retailers.

Tobacco/Vapor Products Subjobber – Any person in Wisconsin who buys tobacco/vapor products only from distributors in Wisconsin with the tobacco/vapor products tax included and sells them to retailers or other permittees. If purchasing tobacco/vapor products from out-of-state, a distributor permit is required.

Tobacco/Vapor Products Salesperson – A person in Wisconsin who solicits orders for or engages in the sale of tobacco/vapor products for future delivery. "Peddling" is illegal in Wisconsin.

III. WHO NEEDS A CIGARETTE OR TOBACCO/VAPOR PRODUCTS PERMIT?

A Wisconsin cigarette and/or tobacco/vapor products permit is required if you will:

- 1. Manufacture cigarettes or tobacco/vapor products in Wisconsin.
- 2. Manufacture cigarettes and/or tobacco/vapor products outside Wisconsin for sale and distribution in Wisconsin.
- Sell cigarettes and/or tobacco/vapor products in Wisconsin as a distributor, jobber, vending machine operator, or multiple retailer.
- 4. Operate a warehouse in Wisconsin for the storage of cigarettes for another person.
- Solicit orders for, or engage in the sale of, cigarettes and/or tobacco/vapor products in Wisconsin.
- 6. Sell cigarettes by direct marketing to consumers in Wisconsin.

If you will be doing business at more than one location, you must obtain a separate permit for each location.

Exception: The cigarette multiple retailer permit is issued only to the headquarters' location and covers all qualified retail locations in Wisconsin.

IV. HOW TO OBTAIN A CIGARETTE AND/OR TOBACCO/VAPOR PRODUCTS PERMIT

Make sure you include all the following information with the application:

- 1. Fully completed application, Form CTP-129.
- Salesperson's permit application, Form CTP-134, and \$20 Business Tax Registration fee for each salesperson who solicits orders in Wisconsin.

- 3. Cigarette distributors Letter of Direct Buy for each cigarette manufacturer from which you will purchase.
- Security guaranteeing payment for the cigarette and tobacco products tax.
- 5. Cigarette vendor applicants Form CT-124.
- 6. Cigarette multiple retailer applicants Form CT-125.

V. SECURITY

The department may require applicants who qualify for a distributor's permit to have security on file before issuing their permit. Security may be in the form of a bond, certificates of deposit, or cash. A permit will not be issued until the security is received, if required.

Cigarette Distributor – New applicants are requested to post a minimum of \$10,000 plus an amount equal to three times their estimated monthly tax stamp purchases. Upon receipt of the security, the department will sell stamps on credit up to one third of that amount.

Tobacco/Vapor Products Distributors – New applicants must post \$3,000 security for tobacco/vapor products tax.

Caution: Distributors who do not timely file the monthly returns and/ or timely pay tax due may be required to file security in an amount determined by the department.

VI. LETTERS OF DIRECT BUY

Prior to affixing Wisconsin tax stamps to cigarette packages, distributors must submit to the department for approval a Letter of Direct Buy (LDB) from each manufacturer whose cigarettes they will sell/ship into Wisconsin. No cigarettes may be sold/shipped into Wisconsin without department approval. The LDB must include the following information:

- Statement from the manufacturer or first importer into the United States of the cigarettes that the distributor is authorized for direct buy and to sell their cigarettes within Wisconsin.
- 2. Point of origin of the cigarettes.
- 3. List of brands that can be sold.
- 4. The manufacturer's cigarette manufacturer and/or importer permit number issued by the federal government.
- 5. If first importer of record, the name and address of the manufacturer of the cigarettes.
- 6. Manufacturer's price list.
- 7. Statement indicating whether or not the manufacturer is a participating member of the Master Settlement Agreement (MSA).

VII. THE CIGARETTE TAX

Cigarettes are rolls of tobacco wrapped in paper or any substance other than tobacco per sec. 139.30(1m), Wis. Stats.

The cigarette tax is paid by cigarette distributors who are required to purchase tax stamps from the department, which are applied to each pack of cigarettes. Stamps are generally purchased on credit and payment is submitted by distributors along with their monthly cigarette tax returns on or before the 15th day after the month in which the stamps are received. Distributors calculate the amount due by adding the net tax (gross tax less stamping discount) to the printing and shipping costs.

Lost or Stolen Stamps – Distributors are liable for the tax and shipping and printing costs on all lost or stolen stamps. All stamp orders are shipped FOB origin from the Wisconsin Department of Revenue to distributors at their permitted business location. The department ships stamps based on the delivery method indicated by the distributor.

VIII. THE TOBACCO PRODUCTS TAX

Tobacco products include cigars, cheroots, plug snuff, chewing tobacco, clippings, and other forms of tobacco prepared in a manner suitable for chewing or smoking in a pipe or otherwise. Tobacco products do not include cigarettes.

The tobacco products tax rate is 71% of the manufacturer's established list price prior to any reductions for volume or other discounts on all tobacco products except moist snuff and cigars. The tax on tobacco products imported from another country is 71% of the amount obtained by adding the manufacturer's list price to the federal tax, duties, and transportation costs to the United States on all tobacco products, except moist snuff and cigars. The moist snuff tax rate is 100% of the manufacturer's established list price prior to any reductions for volume or other discounts.

The tobacco products tax on cigars is the lesser of:

- 1. 71% of the manufacturer's established list price to distributors (prior to any reduction for volume or other discount); OR
- 2. \$0.50 per single cigar.

The tobacco products tax is not imposed on nontobacco items (for example, papers, pipes, or lighters) or cigarettes.

The tax is paid by Wisconsin distributors on all tobacco products received from out-of-state. The tax is paid by out-of-state distributors on tobacco products sold to retailers/non-licensed distributors in Wisconsin. Both in-state and out-of-state distributors file a monthly tax return due on or before the 15th day after the month in which the transactions occur.

IX. THE VAPOR PRODUCTS TAX

Vapor product means a noncombustible product that produces vapor or aerosol for inhalation from the application of a heating element to a liquid or other substance that is depleted as the product is used, regardless of whether the liquid or other substance contains nicotine, per sec. 139.75(14), Wis. Stats.

Sec. 139.76(1m), Wis. Stats., imposes an excise tax on the sale of vapor products at the rate of 5 cents per milliliter of the liquid or other substance based on the volume listed by the manufacturer and at a proportionate rate for any other quantity or fractional part thereof. Distributors of vapor products are required to file a return showing the quantity and taxable price of milliliters of vapor products brought, shipped or transported into Wisconsin for sale in the state, or vapor products made, manufactured, or fabricated in Wisconsin for sale in the state.

X. PAYMENT OF TAXES

Cigarette and tobacco/vapor products taxes must be paid to the department by Electronic Funds Transfer (EFT) if a distributor's annual cigarette or tobacco/vapor products tax payment is over \$1,000. For information on EFT, go to revenue.wi.gov/eserv/eft2.html.

If paid by check, make check payable to Wisconsin Department of Revenue. Be sure to include your account number on the check.

XI. ASSISTANCE

You can access the department's website 24 hours a day, 7 days a week, at <u>revenue.wi.gov</u>. From this website, you can:

- Access My Tax Account (MTA)
- Complete electronic fill-in forms
- Download forms, schedules, instructions, and publications
- · View answers to common questions
- · Email us for assistance

Physical Address Mailing Address

2135 Rimrock Road Excise Tax Unit MS 5-107

Madison WI 53713 Wisconsin Department of Revenue

PO Box 8900

Phone: (608) 266-6701 Madison WI 53708-8900

Fax: (608) 261-7049

Email: DORExciseTaxpayerAssistance@revenue.wi.gov