



State of New Jersey

Send to: **Division of Revenue**
 PO Box 252
 Trenton, NJ 08646-0252

1-2011

ENCLOSE FEE WITH APPLICATION

Form CM-100

Combined Cigarette License Application

Retail Over-the-Counter
 Vending Machine
 Manufacturer Representative

Check One Box for the License Desired		Enclose Fee
<input type="checkbox"/>	Cigarette Retail Dealer's Over-the-Counter License — 1 year license <i>Complete Sections A & B below</i>	\$ 50 ⁰⁰
<input type="checkbox"/>	Cigarette Vending Machine License — 1 year license each machine <i>Complete Sections A & C below</i>	\$ 50 ⁰⁰ each
<input type="checkbox"/>	Cigarette Manufacturer Representative License — 1 year license <i>Complete Sections A & D below</i>	\$ 5 ⁰⁰

Section A — Licensee Information

Check one: Initial Application
 Renewal Application

Taxpayer Name		Start Date for Business in New Jersey	
Trade Name		FEIN (for businesses)	Social Security No (for individuals)
Business Address		Mailing Address	
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Check Type of Ownership		For all corporations, give State of Incorporation:	
<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Proprietorship <input type="checkbox"/> Representative <input type="checkbox"/> Other (specify)			
Point of Contact:	Phone No	Email	
OWNERS' INFORMATION (attach list if needed)			
Name	Title	Social Security No	Home Address

Section B — Retail Over-the-Counter License

Provide information about those from whom you purchase cigarettes – attach list if needed

\$ 50 ⁰⁰	Supplier	Supplier's FEIN	Supplier's Address	City	State	Phone No

Section C — Vending Machine License

Provide information about the machines you will operate — attach list if needed

\$ 50 ⁰⁰ each	Supplier	Supplier FEIN	Phone No	Address where machine is located	City	State

Section D — Manufacturer Representative License

Provide information on the company you represent

\$ 5 ⁰⁰	Company	FEIN	Address	City	State	Phone No

By signing, signatory affirms that all information is complete and accurate. Should any information be incomplete or inaccurate, the application will not be processed.

The Application Fee must be enclosed to process the application

Total Fee Enclosed: \$

Authorized Signature		
Printed Name	Title	Date