



Wyoming Department of Revenue
Herschler Building
122 West 25th Street
Cheyenne, WY 82002-0110
Web site: <http://revenue.wyo.gov>



0-0-0-007

Department Use Only
License No: _____
Date Issued: _____

**Cigarette Wholesalers & Other Tobacco Wholesalers, Cigarette
Importer, Cigarette Manufacturer License Application**

Date Business began Wholesaling Cigarettes & or Other Tobacco Products in Wyoming: _____

Wyoming Sales Tax License Number: _____

Business Name or DBA: _____

Business Location: _____

Street Address

City: _____ State: _____ Zip: _____

Business Phone Number: (____) ____ - ____ Fax Number: (____) ____ - ____

Mailing Address if Different From Above: _____

Type of Ownership: Individual ☐ Partnership ☐ Corporation ☐ Association or Other _____

Ownership Name _____ (Specify)

1. Will you be purchasing unstamped cigarettes directly from a manufacturer for sale or resale in Wyoming? Yes ☐ No ☐
2. Will you be purchasing cigars, snuff, or other tobacco products directly from a manufacturer for sale or resale in Wyoming? Yes ☐ No ☐
3. Are you a cigarette importer who imports into the United States either directly or indirectly a finished cigarette for sale or distribution in Wyoming? Yes ☐ No ☐
4. Are you a cigarette manufacturer who manufactures, fabricates, assembles, processes or labels a finished cigarette for sale in Wyoming? Yes ☐ No ☐
5. Are you an Other Tobacco Products Manufacturer who manufactures, fabricates, assembles, processes or labels other Tobacco Products for sale in Wyoming? Yes ☐ No ☐
6. Do you sell at retail stamped cigarettes or other tobacco products directly to Wyoming consumers? Yes ☐ No ☐ If yes, indicate your Wyoming Sales/Use Tax License Number _____

You must acquire a separate license for each business location. The application shall be signed by: The Owner, if the business is a sole proprietorship. All partners, if the business is a partnership. Member or manager of an LLC. On major officer if a corporation.

Signature: _____ Title: _____

An application and license is required for each business location. A Ten dollar (\$10.00) License Fee must accompany each application. Remittance to be made payable to: Department of Revenue

NOTICE TO WYOMING LICENSED TOBACCO WHOLESALERS

This is a joint notice from the Wyoming Department of Revenue Excise Tax Division and the Wyoming Attorney General's Office Tobacco Settlement Unit.

Wyo. Stat. 39-18-106(a), states in part:

Every wholesaler who sells or offers the sell cigarettes, cigars, snuff or other tobacco products in this state must have a license to do so issued by the department. No license or renewals of a license shall be granted under this section unless the wholesaler states in writing under penalty of false swearing, that he shall comply fully with W.S. 9-4-1201 through 9-4-1209.

Of specific note is W.S. 9-4-1207, which requires every Wyoming licensed tobacco wholesaler to file by the 20th of each month on a report titled: *Wyoming Cigarette and roll-your own Tobacco Wholesaler Report*. This report pertains only sales of **cigarette and roll-your own** tobacco products. The report might be non-applicable to your operation. Even if you sell only cigars and pipe tobacco, you hold a wholesale license that allows for the sale of cigarettes and roll your own tobacco products. **Therefore, you must file the report with the Tobacco Settlement Unit for the Attorney Generals' Office, NOT the Department of Revenue.**

Signing this form attests to the Department of Revenue your compliance with W.S. 9-4-1207 through 9-4-1209. Once signed, return this form to the Department for Revenue on or before the stipulated deadline.

I certify under penalty of false swearing, that I have read this form, and shall comply with the W.S. 9-4-1201 through 9-4-1209, as it pertains to responsibilities of a Wyoming Licensed Tobacco Wholesaler.

Wholesaler License Number

Address (city, state, zip)

Signature of Authorized Representative

Date

Signature Name of Authorized Representative

Title

Return this form to: Department of Revenue
Excise Tax Division
Herschler Bldg. 2nd Fl W
Cheyenne WY 82002

Deadline: Submit with Application.

For more information, please call the Tobacco Settlement Unit at 307-777-5833.

Cigarette & OTP Wholesalers, Importers and Manufacturer License Application Instructions

Enter the date this business began wholesaling in Wyoming.

Enter the ownership this business operates under.

Enter the type of ownership of this business.

Enter the business name that this business operates under.

Enter the location address of where the wholesale sales take place.

Enter the mailing address of where you would like all correspondence and returns to be mailed.

Enter the business contact phone number and fax number.

1. Mark yes or no. If yes, you will have form 70 monthly filing requirements with Wyoming. Stamp orders will not be filled if a return is past due. Returns are due the 20th of each month.
2. Mark yes or no. If yes, you will have form 71 quarterly filing requirements with Wyoming.
3. Mark yes or no. If yes, you will be considered an importer and are not required to file a tobacco return with Wyoming.
4. Mark yes or no. If yes, you will be considered a manufacturer and are not required to file a tobacco return with Wyoming.
5. Mark yes or no. If yes, you will be considered an Manufacturer and are not required to file a tobacco return with Wyoming.
6. Mark yes or no. If yes, you must apply for a Wyoming Sales Use Tax License if you do not already have one.

Read, sign the application and proceed to the 2nd page titled *Notice to Wyoming Licensed Tobacco Wholesalers*. This page quotes Wyoming Statute 39-18-106(a). **This form must be read and signed by ALL applicants in addition to the application and submitted with the application to:**

Wyoming Department of Revenue
122 W. 25th St
Herschler Bldg 2 Fl W
Cheyenne WY 82002-0110

If you have any questions in completing this application please contact our office at 307-777-5544.