

**RENEWAL APPLICATION FOR MANUFACTURER/IMPORTER  
TOBACCO PRODUCTS LICENSE**

<b>DUE ON OR BEFORE</b>	
[ FOID ]	YOUR ACCOUNT NO.

BOARD OF EQUALIZATION  
EXCISE TAXES DIVISION  
P O BOX 942879  
SACRAMENTO CA 94279-0056

**BOARD USE ONLY**

RA-B/A	AUD	REG
RR-QS	FILE	REF

EFF

**READ INSTRUCTIONS  
BEFORE PREPARING**

**CALIFORNIA CIGARETTE AND TOBACCO PRODUCTS LICENSING ACT OF 2003**

**GENERAL INFORMATION**

The State Board of Equalization (Board) is responsible for administering the California Cigarette and Tobacco Products Licensing Act of 2003 (the Act) under Division 8.6 (commencing with section 22970 of the California Business and Professions Code). Assembly Bill 1749 (Statutes 2006, chapter 501) requires every manufacturer or importer of tobacco products to be licensed under the Act. Under the Act, every manufacturer or importer of chewing tobacco, snuff, or other tobacco products must annually obtain and maintain a license to engage in the sale of tobacco products.

**FILING REQUIREMENTS**

You must complete and return this renewal application to the Board in order to maintain a tobacco products manufacturer/importer license. This renewal application must be postmarked on or before the due date. The renewal application consists of page (S1) Section I: Tobacco Products Manufacturer/Importer License Account Information; page (S1B) which includes Section II: Cancellation Notice; Section III: Business Change; and Section IV: Signature; and page (S2) which consists of Section V: Requirement to Update Schedule of Tobacco Products Brand Family Names and Section VI: Certification for Renewal of Tobacco Products Manufacturer/Importer License; and *Schedule of Tobacco Products Brand Family Names* (BOE-400-LT1). Your renewal application will not be processed if it is incomplete or not signed under Section I and Section VI.

**SECTION I: TOBACCO PRODUCTS MANUFACTURER/IMPORTER LICENSE ACCOUNT INFORMATION**

Please check the tobacco product you are currently manufacturing or importing (check only one box):

- Chewing tobacco or snuff
- Only tobacco products other than chewing tobacco or snuff
- Both chewing tobacco or snuff and other tobacco products

Check box only if you have completed Section II and/or Section III of this form.

*I hereby certify that this application, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct, and complete application.*

YOUR SIGNATURE AND TITLE	E-MAIL ADDRESS	TELEPHONE NUMBER	DATE
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Make a copy of this document and any accompanying schedules for your records.

**SECTION II: CANCELLATION NOTICE** *(complete this section if you will not be maintaining your Tobacco Products License)*

**I am not maintaining my Manufacturer/Importer Tobacco Products License because** *(check only one box)*

I am no longer in business. Date business discontinued: \_\_\_\_\_

Please provide your current daytime telephone number and address: \_\_\_\_\_

\_\_\_\_\_

Other *(please explain)* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION III: BUSINESS CHANGE** *(complete this section only if the information preprinted on the front of this application is incorrect or if there has been a change in the ownership of the business)*

1) TYPE OF OWNERSHIP

- Sole Owner     Husband & Wife Co-Partnership     Partnership     Limited Partnership (LP)     Limited Liability Partnership (LLP)  
 Corporation     Limited Liability Company (LLC)     Registered Domestic Partnership     Other (describe) \_\_\_\_\_

2) NEW CORPORATION/LLC NAME AND NUMBER *(list names of corporate/LLC officers, members or managers below)*

3) NEW OWNER/PARTNER/PRESIDENT NAME

4) NEW BUSINESS OR TRADE NAME/DBA

5) NEW LOCATION OF BUSINESS <i>(do not use a PO Box or agent's address for location of business)</i>	DAYTIME TELEPHONE NUMBER (    )
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6) NEW MAILING ADDRESS <i>(if different from business location; do not enter agent's address here)</i>	DAYTIME TELEPHONE NUMBER (    )
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7) NEW AGENT/BOOKKEEPER NAME	8) NEW AGENT/BOOKKEEPER TELEPHONE NUMBER (    )
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9) NEW AGENT/BOOKKEEPER MAILING ADDRESS

Please use this address as my mailing address. *(check box and attach signed power of attorney form to use agent address for the account mailing address)*

**SECTION IV: SIGNATURE** *(this section must be completed if you completed any portion of Section II or III)*

SIGNATURE	TITLE	
PRINT NAME	TELEPHONE NUMBER (    )	DATE

**SECTION V: REQUIREMENT TO UPDATE SCHEDULE OF TOBACCO PRODUCTS BRAND FAMILY NAMES**

Pursuant to California Business and Professions Code section 22979.21, in order to maintain a license, a manufacturer or importer must update the list of brand family names it manufactures or imports and provide a copy to the Board whenever a new or additional brand is manufactured or imported by the manufacturer/importer, or a listed brand is no longer manufactured or imported.

Please complete and submit with your renewal application and certification the *Schedule of Tobacco Products Brand Family Names*, form *BOE-400-LT1*, included with this Renewal Application.

**SECTION VI: CERTIFICATION FOR RENEWAL OF TOBACCO PRODUCTS MANUFACTURER/IMPORTER LICENSE**

Manufacturer/Importer certifies that they shall file a monthly report, BOE-501-MIT, *Schedule-Manufacturer/Importer Report of Tobacco Products Delivered or Shipped Into California*, to the Board, in a manner specified by the Board, which may include, but is not limited to, electronic media pursuant to California Business and Professions Code section 22979.21. The monthly report shall include, but is not limited to the following: a list of all distributors licensed pursuant to section 22975 to which the manufacturer or importer shipped its tobacco products or caused its tobacco products to be shipped and the total wholesale cost of the products.

It is understood and acknowledged that under California Business and Professions Code section 22980.1, no manufacturer/importer shall sell cigarettes or tobacco products to a distributor, wholesaler, importer, or any other person who is not licensed or whose license has been suspended or revoked. Failure to comply with this section shall be a misdemeanor subject to penalties and fines pursuant to California Business and Professions Code section 22981.

I certify that all the information provided in this certification is true and accurate and understand that any person who asserts the truth of any material matter that he or she knows to be false is guilty of a misdemeanor punishable by imprisonment of up to one year in jail, or a fine of not more than five thousand dollars (\$5,000), or both imprisonment and fine.

This certification must be signed by a corporate officer, LLC member or manager, or an authorized agent, or partner. For a partnership, attach an authorization signed by all general partners; for a corporation, attach a corporate resolution; and for a LLC, attach the articles of organization which authorized the individual who signs below to certify this application. If signed by an authorized agent, a properly completed power of attorney must be attached to this application.

**Note:** This document must also be signed and dated in front of an authorized notary public, who also signs as a witness.

SIGNATURE	TITLE
NAME (typed or printed)	DATE

Subscribed and sworn to before me on this date: \_\_\_\_\_

City of: \_\_\_\_\_

SIGNATURE OF NOTARY PUBLIC	COMMISSION EXPIRES
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**If you wish additional information, please contact the State Board of Equalization, Excise Taxes Division, 450 N Street, P.O. Box 942879, Sacramento, CA 94279-0056, Telephone 800-400-7115.**