

FORM 637 CIGARETTE AND OTHER TOBACCO PRODUCTS (OTP) LICENSES APPLICATION

Legal Name and Trade Name (if applicable)	OFFICE USE ONLY Check Number			
Mailing address / Street and Number	Amount \$			
				Deposit Date
City	County	State	ZIP Code +4	Approved
Office telephone number	Date			
or	License #			
E-mail address	Stub # Date Issued			

Check type of license(s)desired and if new or renewal

Cigarette Licenses		OTP Licenses			
		Annual Fee			Annual Fee
Wholesaler #	TW-	\$750.00	OTP Wholesaler #	PW-	\$250.00
Subwholesaler #	TS-	\$500.00	The fee for this OTP wholesaler licens or are applying for a Cigarette Wholes		
Vending Machine Operator #	TV-	\$500.00	Subwholesaler license.	aler's License of a	l'elgarette
Manufacturer #	TM-	\$25.00	Licensed OTP Manufacturer #	PM-	\$25.00
Storage Warehouse #	TP-	\$25.00	OTP Storage Warehouse #	SW-	\$25.00
The following only applies to Ci	garette Licenses:				
New Application Fee (Per Loca (Required for new license appl	,	\$200.00	Renewal of Existing License		\$30.00

To: The Executive Director of Maryland

Application is made by the undersigned under the provisions of Title 16 and Title 16.5 of the Business Regulation Article of the Annotated Code of Maryland as amended, for the type of license checked above, and the applicant submits and certifies to the following information:

A. Type of Ownership	Corporation Limited Liability Co.	\square } List Federal Identification Number	-
	Partnership Individual	☐ } List Social Security Number*	
B. 1. License or storage loo	cation:	Street and Number	

2. Identify and describe storage warehouse:

C. Give location where records will be available for audit in Maryland. (If different from license address, approval must be given by this office in writing.)

County

State

Nine - digit ZIP Code

City

D. Individual, partner(s) or corporate officers:

	1	2	3
Name			
Residence			
Home Telephone No.			
Social Security No.			
Title			

Attach sheet for additional partner(s) or corporate officer(s).



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SECTION 1 – All applicants must complete this section. Please answer each of the following questions:

A. List all cigarette and/or OTP licenses currently held by applicant in Maryland or any other state.

Β.	Does the applicant agree to conform to all the laws, rules and regulations of the State of Maryland relating to the business in which they propose to engage under this license? $\dots \dots \dots$	🗌 NO
C.	Does the applicant agree to notify Licensing and Registration in writing at least 30 days prior to any change in the officers, location or ownership of the business? YES	🗆 NO
D.	Does the applicant agree that the Executive Director and his duly authorized personnel may inspect any licensed premise or vehicle during regular business hours?	🗆 NO
E.	Method of operation: (Not applicable to manufacturer or storage warehouse applicants.) (Attach answers on separate sheet)	

- 1. List all suppliers from whom you plan to purchase cigarettes and/or OTP?
- 2. Will the cigarettes be stamped or unstamped? If stamped, indicate stamping area.
- F. Section 1-204 of the Tax-General Article of the Annotated Code of Maryland titled "Compliance With Workers' Compensation Laws" requires the evidence of such compliance prior to the issuance of any license by this office. The applicant hereby affirms that the applicant (check one):
 - igsquirin 1. is not an employer required to provide coverage by Maryland Workers' Compensation Law; or
 - 2. is an employer required to provide employee coverage by Maryland Workers' Compensation Law and has secured such coverage. As evidence of such coverage, the following is submitted:
 - a. Name of insurance co. _____
 - b. Policy or binder no.
- G. List names, titles, and telephone numbers of persons responsible for the following:

1. Filing state reports:	()
2. Inventory and/or audit scheduling:	()
3. Warehouse operations:	()
4. Tax stamp purchases/payment:	()

Any changes in the above information should be submitted to Licensing and Permitting Unit in writing within 30 days.

SECTION 2 – Cigarette and OTP Storage Warehouse Complete this section in addition to Sections 1 and 7

Attach a separate listing of those accounts for which you plan to store cigarettes, if applicable. Also attach a separate listing of those accounts for which you plan to store OTP, if applicable.

SECTION 3 – Cigarette Subwholesalers – Complete this section in addition to Sections 1 and 7.

- A. Does the applicant agree not to sell or transfer any cigarettes to separate entities which are owned, affiliated, or controlled by the applicant?
- B. List the retailers to whom you propose to sell cigarettes.

SECTION 4 - Cigarette Vending Machine Operators - Complete this section in addition to Sections 1 and 7

- A. Attach a separate sheet listing the names and addresses of all locations at which the applicant operates cigarette vending machines, showing the number of machines at each location.
 - 1. Identify which machines (if any) can only be operated with a token, card, or similar device.
 - 2. Identify which machines (if any) are located in an establishment that minors are prohibited by law from entering. Please provide copy of city, state, or local ordinance.
 - 3. Identify which machines (if any) are located in an establishment that is a bonafide fraternal or veteran's organization.
- C. Sign and attach the affidavit provided verifying that all cigarette vending machines have an age of purchase decal attached.



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SE	СТ	ION 5 – Cigarette and OTP Wholesalers - Complete this section in addition to Sections 1 and 7	
A.	1.		
	2.		
В.	1.		∐ NO
	2.	Do you have the necessary equipment and vehicles for storage and distribution of OTP? $\dots \dots \dots$ YES	🗌 NO
C.		applying for a cigarette wholesale license, state type and brand of stamping equipment to be used with your entification number(s)	
D.	1.	Do the applicants have a financial interest in a cigarette manufacturer? $\dots \dots \dots \dots \dots \square$ YES If yes, attach explanation.	□ NO
	2.	Do the applicants have a financial interest in an OTP manufacturer? $\dots \dots \square$ YES If yes, attach explanation.	□ NO
SE	СТ	ION 6 – Cigarette and Licensed OTP Manufacturer's Complete this section in addition to Sections 1 and 7	
Α.	1.	Do you operate one or more cigarette manufacturing plants within the United States? \ldots States? \ldots YES	🗌 NO
	2.	Do you operate one or more OTP manufacturing plants in Maryland? \ldots Sector 2 YES	🗆 NO
В.	1.	Do the applicants have a financial interest in a cigarette wholesaler? \dots YES If yes, attach explanation.	🗆 NO
	2.	Do the applicants have a financial interest in an OTP wholesaler? \ldots Sector 2 YES If yes, attach explanation.	🗆 NO
C.	Do 1.	you intend to do any of the following in reference to cigarettes: Sell unstamped cigarettes to a licensed cigarette wholesaler located in Maryland? \ldots	🗆 NO
	2.	Distribute sample cigarettes to consumers located in Maryland? \ldots YES	🗌 NO
	3.	Store unstamped cigarettes in a cigarette storage warehouse in Maryland for subsequent shipment to licensed wholesalers, federal reservations, or persons out of state?	🗆 NO
D.	Do 1.	you intend to do any of the following in reference to OTP: Sell OTP in Maryland?	🗆 NO
	2.	Sell "imported" OTP in Maryland?	🗌 NO
	3.	Store OTP in an OTP storage warehouse in Maryland for subsequent shipment to licensed wholesalers, federal reservations, or persons out of state? YES	🗆 no

SECTION 7 – All applicants must complete this section

Individual, Partner or a Corporate Officer listed on this form must sign.

NOTE: If there is a parent corporation, president or vice president of the parent corporation must also complete this section.

Affidavit

I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information and belief.

Signature of individual, partner or corporate officer	Title	Signature of parent corporate officer	Title
Type or print name of individual, partner or corporate officer who signed above	Date	Type or print parent corporate officer's name who signed above	Date
Contact Information			
Maryland Alcohol, Tobacco, and Regulatory & Research Section 1215 E Fort Ave, Ste 300 Baltimore, Maryland 21230	l Cannabis C	ommission	
410-260-7314 atcc.licensing@maryland.gov			

atcc.maryland.gov COM/RAD-637 09/21