



|                                                                                                                                                                                                                              |                                                                                                                           |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------|
| a. Full Legal Name                                                                                                                                                                                                           | b. Title and position in my business                                                                                      |              |
| c. Percent (%) of voting stock or interest held in my business as a manufacturer of tobacco products or an export warehouse proprietor. Do NOT include stock held by a corporation to determine the percent of voting stock. | d. Dollar amount of investment in my business as a manufacturer of tobacco products or as an export warehouse proprietor. |              |
|                                                                                                                                                                                                                              | Current:                                                                                                                  | Anticipated: |
| e. Name and address of the person(s) from whom the investment comes                                                                                                                                                          | f. Reason for, or source of, investment. <i>For example: savings, loan, profits from other business, or gift</i>          |              |

|                                                                                                                                                                                                                              |                                                                                                                           |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------|
| a. Full Legal Name                                                                                                                                                                                                           | b. Title and position in my business                                                                                      |              |
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|                                                                                                                                                                                                                              | Current:                                                                                                                  | Anticipated: |
| e. Name and address of the person(s) from whom the investment comes                                                                                                                                                          | f. Reason for, or source of, investment. <i>For example: savings, loan, profits from other business, or gift</i>          |              |

11.  I have identified for item 10 the person(s) having actual or legal control over my business (*Read instructions N and P*).

**OR**

I have identified the person(s) having actual or legal control over my business (*Read instructions N and P*) BY attaching to this application the information as required by item 10 WITH a statement on how actual or legal control is exercised.

12.  I have provided the information shown in the tables below for each person listed for items 10 and 11.

**OR**

I have NOT provided this information because of the following reason: \_\_\_\_\_

|                                                                     |                                                                                                                                        |                                                             |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| a. Full legal name                                                  | b. Date and place of birth                                                                                                             | c. Social security or employer identification number        |
| d. <input type="checkbox"/> Male<br><input type="checkbox"/> Female | e. Citizen or business of United States?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No ( <i>state country</i> ) _____ | f. Other names used ( <i>maiden name, nicknames, etc.</i> ) |

g. Residence(s), or place(s) of business, over the last five years

|                                                                     |                                                                                                                                        |                                                             |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| a. Full legal name                                                  | b. Date and place of birth                                                                                                             | c. Social security or employer identification number        |
| d. <input type="checkbox"/> Male<br><input type="checkbox"/> Female | e. Citizen or business of United States?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No ( <i>state country</i> ) _____ | f. Other names used ( <i>maiden name, nicknames, etc.</i> ) |

g. Residence(s), or place(s) of business, over the last five years

|                                                                     |                                                                                                                              |                            |                                                      |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------|
| a. Full legal name                                                  |                                                                                                                              | b. Date and place of birth | c. Social security or employer identification number |
| d. <input type="checkbox"/> Male<br><input type="checkbox"/> Female | e. Citizen or business of United States<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No (state country) _____ |                            | f. Other names used (maiden name, nicknames, etc.)   |

g. Residence(s), or place(s) of business, over the last five years

|                                                                     |                                                                                                                               |                            |                                                      |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------|
| a. Full legal name                                                  |                                                                                                                               | b. Date and place of birth | c. Social security or employer identification number |
| d. <input type="checkbox"/> Male<br><input type="checkbox"/> Female | e. Citizen or business of United States?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No (state country) _____ |                            | f. Other names used (maiden name, nicknames, etc.)   |

g. Residence(s), or place(s) of business, over the last five years

13. Have you or any person listed in items 10 or 11 been denied a permit, license, or other authorization to engage in any business by any government agency (Federal, State, local, or foreign) or had such permit, license, or other authorization been revoked, suspended, or otherwise terminated?

Yes and I have attached the details of each occurrence to this application.  No

14. Have you or any person listed in items 10 or 11 been arrested for, charged with, or convicted of, any crime under Federal, State, or foreign laws? (You do not have to include arrests, charges, or convictions for operating a motor vehicle that are not felonies under Federal or State law.)

Yes and I have attached the details of each occurrence to this application.  No

15. I declare that I have read the instructions for this form. I understand that I may need to file other TTB forms before TTB may act on this application.

I understand that this application includes the information that I have attached to this form or incorporated by reference.

I understand that an appropriate TTB officer may require additional information to determine if I am entitled to the permit for which I am applying.

Before TTB makes its final decision about this application, I will immediately write to the TTB supervisor of the office listed in instruction B if any information for this application changes.

Under penalties of perjury, I have examined this application, and to the best of my knowledge and belief, this application, including any attachments, is true, correct, and complete.

|                              |                              |         |
|------------------------------|------------------------------|---------|
| a. Signature                 | b. Title                     | c. Date |
| d. E-mail address (optional) | e. Business telephone number |         |

How do I file this form? Send this form to the TTB National Revenue Center, 550 Main St, Ste 8002, Cincinnati, OH 45202-5215.

TTB F 5200.3 (10/2006)

**DEPARTMENT OF THE TREASURY**  
**ALCOHOL AND TOBACCO TAX AND TRADE BUREAU (TTB)**  
**APPLICATION FOR A PERMIT AS A MANUFACTURER OF TOBACCO**  
**PRODUCTS OR AN EXPORT WAREHOUSE PROPRIETOR**

**GENERAL INSTRUCTIONS**

- A. Why do I need this form?** If you want a permit to manufacture tobacco products or to operate an export warehouse under Chapter 52 of Title 26 of the United States Code (Internal Revenue Code), complete and file this form. Applying for this permit does not authorize you to operate contrary to any Federal, State, or local laws.
- B. How do I file this form?** Send this form to the Director, National Revenue Center, 550 Main St, Ste 8002, Cincinnati, OH 45202-5215. We recommend that you keep a copy of what you send.
- C. What are tobacco products?** Cigars, cigarettes, smokeless tobacco, pipe tobacco, and roll-your-own tobacco.
- D. What is an export warehouse?** A bonded internal revenue warehouse that stores tobacco products and cigarette papers and tubes on which tax has not been paid and that will be shipped to a foreign country, Puerto Rico, the Virgin Islands, or a United States possession, or shipped for consumption beyond the jurisdiction of the internal revenue laws of the United States.
- E. Can I reference information that TTB already has on file?** Yes, if you include:
- (1) The name and address on the TTB form or the TTB permit number;
  - (2) The TTB form and item number; and
  - (3) The date that the TTB form was signed.
- F. What if there is not enough space for my information?** State that you have attached a separate sheet in the item number on this form.
- G. When I attach information to this form, should I note it?** Note any attachments to its item number and the TTB form number 5200.3.

**INSTRUCTIONS FOR ITEMS ON THIS FORM**

**H. Item 3. What is my legal name?**

| Your business is a:                                                                 | Your legal name is:                                                                                 |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Sole Proprietorship                                                                 | Your full name.                                                                                     |
| Partnership                                                                         | The name of each partner, or the name of the partnership as filed with a State or local government. |
| Corporation, association, limited liability company, or other business organization | The name as stated on your documents filed with the State or local government.                      |

- I. Item 4. What is my employer identification number?** This is the nine-digit code that the Internal Revenue Service (IRS) assigns to your business. If you do not have an employer identification number, you must file an IRS Form SS-4. You may get this form from the Internal Revenue Service.
- J. Item 5. What is a trade name?** In general, a trade name is used to identify your business that is not its legal name. For example, your legal name may be ABC Corporation, but you use ABC Tobacco Products in your business operations. Business operations include any name with which you identify your business on invoices or letterhead. Also, business operations include a name that identifies your business on packages of tobacco products or cigarette papers and tubes.
- K. Item 6. Am I required to have a trade name certificate?** Your State, county, or municipal authority may require a trade name certificate to operate your business under a trade name. If your State, county, or municipal authority does not require a trade name certificate, state this fact in item 6.
- L. Item 8.**
- a. What must I include in my description?** State the number, street, city, and state, of the location of your factory or export warehouse.
  - b. When do I need a diagram?**
    - (1) Your factory or export warehouse is more than one building and each building cannot be identified by a separate street address. Identify each building by a letter, number, or similar designation.
    - (2) Your factory or export warehouse uses only a part of a building. Show the floor and room(s) in the building.
    - (3) Your factory adjoins a retail store. Show any doors or other openings between the factory and the retail store.
  - c. Use of factory.** Unless you have the authority from a TTB regulation or a letter written to you from an appropriate TTB officer, you cannot use a factory for purposes other than those associated with the manufacture of tobacco products.
  - d. Use of export warehouse.** Unless you have the authority from a TTB regulation or a letter written to you from an appropriate TTB officer, you cannot use an export warehouse for other than the storage of tobacco products or cigarette papers or tubes.

**M. Item 9. Business Documents.**

| Your business is a:                                      | Attach to this application:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Partnership or association                               | Accurate copy of articles OR the certificate required to be filed by any State, county, or municipality.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Corporation                                              | <ol style="list-style-type: none"> <li>1. Accurate copy of the corporate charter OR certificate of corporate existence or incorporation. This copy must be executed by the appropriate officer of the State in which incorporated.</li> <li>2. Accurate copy of stockholders' meetings, bylaws, or directors meetings that list the officers authorized to sign documents or otherwise act on behalf of the corporation. The accuracy of the copy must be certified by an appropriate officer of the corporation. The authority must exclude matters relating to laws and regulations issued under Chapter 52 of Title 26 of the United States Code (Internal Revenue Code). You can use TTB F 5100.1, Signing Authority for Corporate Officials, in place of this copy.</li> </ol> |
| Limited liability company or other business organization | Accurate copy of the business document(s) filed with a State, county, or municipality when such filing is required. The copy must show that it was filed with the appropriate Government agency. For example, a limited liability company must provide an accurate copy of its operating agreement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

**N. Items 10 and 11 Who must I consider as a "person"?** An individual, partnership, association, company, corporation, estate, or trust.

**O. Item 10****a. Which persons must I list for item 10?**

- (1) Yourself, if you are the sole proprietor.
- (2) Each partner if your business is a partnership.
- (3) Each officer or director if your business is a corporation.
- (4) Each position similar to an officer or director of a corporation if your business is another type of business organization.
- (5) A manager of a limited liability company.
- (6) A stockholder who holds more than ten percent of the stock of a corporation, limited liability company, or similar business organization.
- (7) An investor who has or will contribute more than ten percent of the funds for the business.

**b. What information must I provide for each person?** If any information is not applicable, state so.

- (1) Full legal name (*if a business, read instruction H*);
- (2) Title and position in my business;
- (3) Percent (%) of voting stock or interest held in my business as a manufacturer of tobacco products or as an export warehouse proprietor (*Do NOT include stock held by a corporation to determine the percent of voting stock*);
- (4) Dollar amount of current and anticipated investment in your business as a manufacturer of tobacco products or as an export warehouse proprietor;
- (5) The name and address of the person(s) from whom the investment comes; and
- (6) The reason for, or the source of, the investment. For example: savings, loan, profits from other business or gift.

**P. Item 11. Who exercises actual or legal control of my business?** In general, a person who has the power or authority to manage, direct, govern, or administer how your business operates.

**Q. Item 15. Who may sign this application?**

| If your business is a:                                                              | The application must be signed by:                                                                                                                                                                                                                            |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sole proprietorship                                                                 | You; OR<br>An individual for whom you have filed TTB F 5000.8, Power of Attorney.                                                                                                                                                                             |
| Partnership                                                                         | Each partner; OR<br>The partner who has been given the authority to sign by the articles of partnership or similar agreement of all the partners that you have filed for this permit; OR<br>An individual for whom you filed TTB F 5000.8, Power of Attorney. |
| Corporation, association, limited liability company, or other business organization | An individual who has signature authority granted by the business documents that you have filed for this application; OR<br>An individual for whom you have filed TTB F 5000.8, Power of Attorney.                                                            |

**QUESTIONS**

**R. If I have questions about this TTB form, who can answer my questions?** Contact a specialist in the Tobacco Unit, National Revenue Center by phone at 1-877-882-3277 or 1-513-684-7151, fax at 1-513-684-2251, or e-mail to [ttbtobacco@ttb.gov](mailto:ttbtobacco@ttb.gov).

**STARTING BUSINESS****S. When I file this application, can I start the business for which I have applied?**

| Your reason for filing                                          |                                                                                 |
|-----------------------------------------------------------------|---------------------------------------------------------------------------------|
| To start the business                                           | No, you must wait for TTB to grant your permit.                                 |
| To report the pending transfer in the ownership of the business | No, you must wait for TTB to grant your permit.                                 |
| To report a change in control <sup>1</sup> of a corporation     | You may continue to operate if you file this form within 30 days of the change. |

<sup>1</sup> A change in control of a corporation occurs when the issuance, sale, or transfer of its stock results in changing the identity of the stockholders who exercise actual or legal control of the corporation.

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- T. When can I expect my permit?** In general, it takes up to 16 weeks before TTB decides if you qualify. TTB thoroughly examines the information that you provide with this application. If you omit information or provide partial information, it will take longer. Also, TTB may request additional information based on the information that you have provided. If TTB decides not to issue the permit, you will receive a written notice stating the reasons.
- U. Must I file other TTB forms?** If you are filing this application to start a new business or to take ownership of an existing business, you must:
- Upon starting business, file TTB F 5630.5 and pay the tax; AND
  - If you are filing to operate as a manufacturer of tobacco products, File TTB F 5000.29, TTB F 5000.30, and TTB F 5210.3; OR
  - If you are filing to operate as an export warehouse proprietor, File TTB F 5220.5.
- V. If TTB issues me a permit, what else is expected when I start my business?** You must comply with TTB regulations. If you operate a factory to manufacture tobacco products, read Part 40 of Title 27 of the Code of Federal Regulations. If you operate as an export warehouse proprietor, read Part 44 of Title 27 of the Code of Federal Regulations. These parts of the TTB regulations are available from the TTB Web site (<http://www.ttb.gov>) or the Government Printing Office Web site (<http://www.gpoaccess.gov/index.html>).

#### PAPERWORK REDUCTION ACT NOTICE

This request is in accordance with the Paperwork Reduction Act of 1995. We use this information collection to determine your identity, location, extent of operations, eligibility to engage in operations, and the likelihood that you will conform with Federal laws and regulations. This information is required from you to obtain or retain a benefit and is mandatory by law (26 U.S.C. 5712).

We estimate that you will spend 2 hours to complete this form (average burden associated with this collection of information). You may spend more or less time depending upon your individual circumstances. Address your comments concerning the accuracy of this burden estimate and suggestions to reduce this burden to: Reports Management Officer, Regulations and Rulings Division, Alcohol and Tobacco Tax and Trade Bureau, Washington, DC 20220.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current, valid OMB control number.

#### PRIVACY ACT INFORMATION

The following information complies with Section 3 of the Privacy Act of 1974 (5 U.S.C. 552a(e)(3)):

- 1. What is TTB's authority to ask for this information?** We require this information under the authority of 26 U.S.C. 5712. You must provide this information before TTB decides on whether your permit will be issued.
- 2. What is the purpose for this information collection?** You must provide this information so that TTB will be able to determine your identity, location, extent of operations, and eligibility to engage in operations, and the likelihood that you will conform with Federal laws and regulations.
- 3. How does TTB routinely use this information?** We use this information to make determinations for the purposes described in paragraph 2. Also, if we are not prohibited by law, we may disclose the information that you provided on this form to other Federal, State, foreign, or local law enforcement or regulatory agency personnel, and to members of the public to verify it. Finally, we may disclose this information to the Justice Department if it appears that false information, which constitutes a violation of Federal law, has been provided.
- 4. What is the effect if I do not supply the information TTB requests?** If you fail to supply this information, then it will delay TTB's determination as described in paragraph 2. Also, TTB may disapprove your application if you fail to supply the information.