



Application for Registration of Retail Dealers and Vending Machines for Sales of Cigarettes and Tobacco Products

C09

Note: To receive your certificate(s) faster, apply online at www.nys-permits.org. For more information, see Form DTF-716-I, Instructions for Form DTF-716.

Use this form to register for all or any portion of the period from January 1, 2009, through December 31, 2009.

Form with fields: Legal name of business, Date, DBA/trade name, Sales tax vendor identification number, Mailing address: c/o (name), Business telephone number, Number and street, City, state, ZIP code.

See instructions before completing this form.

Registration instructions section including: You must be registered for New York State sales tax... Mark an X in the box that applies: Registered sales tax vendor, Form DTF-17, Application to Register for a Sales Tax Certificate of Authority (enclosed), New applicant, Registering additional locations or vending machines.

Table with 4 columns: A Number needed, B Cost of each, C Amount due (A x B), D Code. Rows include: Certificates of registration, Vending machine registration certificates, Total amount due.

- Attach check or money order for the amount on line 6, payable to New York State Sales Tax.
— Write your sales tax vendor identification number, DTF-716, and the year for which you are registering on the front of your check or money order.
— Mail your application in the enclosed envelope to:

NYS TAX DEPARTMENT
TCC CIGARETTE REGISTRATION UNIT
W A HARRIMAN CAMPUS
ALBANY NY 12227

(Do not mail this application in the envelope provided with your sales tax return.)

Form with fields: Signature of applicant, Telephone number, Title, Date, For office use only.

Part A — Certificates of registration for retail operations (\$100 each)

In columns A and B, list the business name and address for each of your business locations registered for sales tax through which you are or will be making retail sales of cigarettes or tobacco products. For business name, enter trade name, DBA (doing business as) name, or assumed name if different from your legal name. In column C, indicate the date you began or will begin selling these products at each location. Attach additional sheets if needed.

A Business name	B Business address	C Date to begin selling cig./tob. products
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.

Total number of certificates of registration required (enter this total on the front page, *line 4*, column A)

Part B — Vending machine registration certificates (\$25 each)

In columns A through C, enter the business name and address where each of your vending machines is located, and each machine's serial number. If you have several machines at one location, enter the address only once, but list the serial numbers of every machine at the location. Attach additional sheets if needed.

A Business name	B Address where vending machine is located <i>(report each machine separately in column C)</i>	C Serial number of each vending machine
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.

Total number of vending machine registration certificates required (enter this total on the front page, *line 5*, column A)

Note: Vending machine registration certificates and certificates of registration for 2009 will not be issued before December 1, 2008.