TOWN OF BERRYVILLE
CIGARETTE TAX
REGISTERED AGENT APPLICATION

Applicant submits and certifies to the following information:

A. 1. Business Name _____

2. Type of Ownership: ____Individual ____Partnership ____Corporation

3. Federal I.D.# (if Corporation) _____

4. Trade Name _____

5. Business Address:_____

_____

6. Telephone Number_____Fax Number_____

Email_____

7. Address where cigarettes will be stored; _____

_____

8. Mailing Address (if different from above) _____

_____

9. Names and telephone numbers of persons responsible for the following;

1. Filing monthly reports _____ (___)_____
2. Inventory counts_____ (___)_____
3. Tax stamp purchases_____ (___)_____

B. All documents relating to the purchase and/or sale of cigarettes by the above listed dealer must be retained for a period of three (3) years plus the current year and shall be made available to Agents of the Town of Berryville upon request for use in conducting audits and investigations. List location where documents will be stored:

_____.

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

Name
Title
Soc. Sec. No.
Residence
Home Tel. No.
Name
Title
Soc. Sec. No.
Residence
Home Tel. No.
Name
Title
Soc. Sec. No.
Residence
Home Tel. No.

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

Applicant agrees to notify the Town of Berryville in writing at least 30 days prior to any change in the officers, location or ownership of the business.

D. If applicant will purchase stamped cigarette packages rather than applying the stamp, list all suppliers; _____

_____

E. If applicant will apply the necessary cigarette tax stamp to cigarette packages, list the make, model, manufacturer name of stamping equipment to be used and identification number

_____

_____

Address where cigarette-stamping machine will be located_____

_____

The undersigned applicant makes application for the registration required by the Town of Berryville Cigarette Tax Ordinance to purchase and / or affix Town of Berryville stamps or stamped cigarettes and agrees to comply with all the provisions of this Ordinance and such Regulations as may lawfully be issued by the Town of Berryville pursuant thereto. In addition, Applicant understands that there is a tax due on all Town of Berryville stamps / stamped cigarettes which will be reported and paid on a monthly basis and that periodic audits will be conducted to determine unreported stamps upon which a tax will be assessed along with penalty for non-payment.

All money collected as cigarette taxes under the ordinances of the Town of Berryville shall be deemed to be held in trust by the Dealer collecting the same until remitted to the Town as provided by Ordinance. Any report filed, or payment made, after the due date will be subject to late filing penalties. Continued failure to report will result in withdrawal of Registered Agent status and authority to purchase Town of Berryville stamps.

Any applicant whose place of business is outside the Town's legal jurisdiction shall automatically submit himself to the Town's legal jurisdiction and appoints the Town Treasurer as his Agent for any service of lawful process. The applicant agrees that the Treasurer and her duly authorized personnel may inspect any business premises during regular business hours.

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

_____ _____

Type name of individual, partner or corporate officer Date

_____

Telephone Number

_____ _____

Signature of parent corporate officer Title

_____ _____

Type name of individual, partner or corporate officer Date

_____

Telephone Number

_____

Contact name for person completing this application form

____
Telephone Number