



COMMONWEALTH OF VIRGINIA
Registration Form for Persons and Entities Making
Delivery Sales of Cigarettes

Part 1. Annual Registration for Year _____

Part 2. Cigarette Delivery Seller's Identification:

Person's name if operating as an individual or sole proprietorship:

Company Name if operating as a partnership, limited liability company, corporation or other business entity:

If operating as a partnership, limited liability company, corporation or other business entity, provide the name, physical address and mailing address of all partners, members, officers and/or directors, as applicable to the business entity:

(name) (title) (address) (mailing address)

If additional space is needed, provide additional information by attachment to this registration form

Initial _____ Date _____

Trade Name, "Doing Business As" (D/B/A) name, or any other name by which the business is identified or known:

Physical Address of the Business' Principal Place of Business:

(Street Address)

(City) (County) (State) (Country) (Zip Code)

Business' Mailing Address:

(Street Address, P.O. Box, or Other specific and identified location where business mail is delivered)

(City) (County) (State) (Country) (Zip Code)

Business' Electronic Address:

Business' Internet Service Provider (ISP), including the ISP's name, physical address, mailing address and electronic address:

Part 3. Other addresses:

Inventory Storage Address:

(City) (County) (State) (Country) (Zip Code)

Initial _____ Date _____

Address(es) where product is shipped from:

(City) (County) (State) (Country) (Zip Code)

(City) (County) (State) (Country) (Zip Code)

Any other address(es) where the business is located or transacts business:

(City) (County) (State) (Country) (Zip Code)

(City) (County) (State) (Country) (Zip Code)

To constitute a valid and effective registration, this Registration Form must be filed by the Cigarette Delivery Seller and received by the Virginia Alcoholic Beverage Control Board and the Office of the Attorney General of Virginia at least fourteen (14) days before the Cigarette Delivery Seller makes a delivery sale to a consumer in Virginia, and fourteen (14) days before any such delivery sale in any subsequent calendar year. If the information provided in this registration changes during the calendar year when the registration is filed, an amended Registration Form must be filed by the Cigarette Delivery Seller and received by the Virginia Alcoholic Beverage Control Board and the Office of the Attorney General of Virginia at least fourteen (14) days before any further delivery sale is made to a consumer in Virginia.

Initial _____ Date _____

Part 4: Affidavit of Cigarette Delivery Seller (must be executed under oath by the Person named at Part 1, above, or, if operating as a partnership, limited liability company, corporation or other business entity, by an authorized partner, member, or officer of the company, as applicable):

After being duly sworn and under penalty of perjury, I hereby declare that, on the date and at the location indicated by the below signed Notary, I appeared before the Notary, was duly sworn, printed and signed my name on the date indicated, initialed and dated pages 1-3, above, and, under oath, stated that all information set forth at pages 1-3, above, and the information set forth by me below, is true and correct.

Name: _____
(printed)

Title: _____

Phone: _____ Fax: _____

Email: _____

Signature: _____ Date: _____

Notary: _____

City/County: _____

State: _____

Country: _____

Sworn to and subscribed before me this ____ day of _____, 20__.

Notary: _____
(printed)

Notary Signature: _____

My commission expires: _____

Mail this original fully executed Registration to:

Tobacco Section
Office of the Attorney General
202 North Ninth Street
Richmond, Virginia 23219

Mail a copy of the Registration to:

Internet Registration Section
Virginia Alcoholic Beverage Control Board
2901 Hermitage Road
Richmond, Virginia 23220