

Inspecting Agent:



Northern Virginia Cigarette Tax Board

14150 Newbrook Dr, Suite 210, Chantilly, VA 20151 Phone: 703-802-0373 Fax: 703-802-0375

Date:

Cigarette Retailer Transfer Request Form

- Mail completed application to: Northern Virginia Cigarette Tax Board, 14150 Newbrook Drive, Suite 210, Chantilly, VA 20151
- Completed applications may also be emailed to info@nvctb.org or faxed to 703-802-0375
- Please print or type.

| A. Curre | ent Location of Cigarettes Business Name | | | |
|----------|--|--|-----------------------------|-----|
| | Address (Include Unit Number) | City | State | ZIP |
| B. Prop | osed New Location – Attach any other business i Business Name | nformation if proposal includes transf | erring to multiple location | ons |
| | Address (Include Unit Number) | City | State | Zip |
| C. Perso | onal Information Owner/Franchisee Name | Telephone | Email | |
| D. Licer | Licenses Please Attach Copies of a Valid and Up to Date Business Licenses, and ST-10c (Certificate of Cigarette Tax Exemption). NOTE: Selling cigarettes without proper licenses is a violation of the Cigarette Tax Ordinance in all 25 NVCTB jurisdictions. If awaiting license and/or certification of cigarette tax exemption for new location, please attach documentation confirming the business has begun the application process. | | | |
| E. Cigar | rettes Subject to Transfer Cigarettes to be transferred to new location(s) – Qty. | Attach additional locations | | |
| F. Decla | ration I certify under penalty of perjury that th | ne information above is true | | |
| | Signature | Date | | |
| | Printed Name | | | |
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