2014 Tobacco Directory Application

Initial ☐ Supplemental ☐ Renewal ☐

INSTRUCTIONS: https://adobeformscentral.com/?f=Ne17l8E0Fg2w07e-ggR%2AoQ

Part I: GENERAL BUSINESS AND OWNERSHIP INFORMATION

1. Applicant Tobacco Product Manufacturer Identification

Applicant

Physical Address of Manufacturing Plant:

Mailing Address:

Phone Number: Facsimile Number

E-Mail Address

Name/Title of Person Completing Certification:

2. The undersigned certifies that as of the date of this Certification, the above-named applicant is: (Please Initial One)

___ a **Participating Manufacturer ("PM")** and has generally performed its financial obligations under the Master Settlement Agreement (See Instructions).

___ a **Nonparticipating Tobacco Product Manufacturer ("NPM")** in full compliance with 37 O.S. §§600.21 - 600.23, having made all required deposits into a Qualified Escrow Fund for all years beginning with year 1999 sales, including any quarterly deposits the applicant was notified it was required to make.

a. If the Applicant Was Notified by Any State That it Was Required to Place Funds into Escrow and the Applicant Did Not Timely Do So And/Or Was De-Listed by Any State, Provide a Full Explanation for Each Failure to Timely Deposit.

b. Is Applicant Located Outside the United States?

☐ Yes ☐ No

3. Applicant is the actual manufacturer (i.e., fabricator) of the brands listed in this Certification which are intended to be sold in the United States, including Cigarettes intended to be sold in the United States through an importer.

☐ Yes ☐ No

If your answer is "No," identify the Name and Address of the Fabricator and state fully the Applicant's basis for seeking to have the brand(s) included in the Directory.

4. A Company other than Applicant manufactured any of Applicant's cigarettes during any time in the previous year.

☐ Yes ☐ No

If the answer is "Yes," identify each cigarette manufacturer (i.e., fabricator), its plant street address, mailing address, contact person, telephone and facsimile phone numbers, and the relationship to Applicant, if any. Provide a copy of every agreement or contract between applicant and the fabricator.

5. Applicant is the first purchaser for resale in the United States of cigarettes manufactured anywhere.

☐ Yes ☐ No

If the answer is "Yes," identify each cigarette manufacturer (i.e., fabricator), its plant address, mailing address, contact person, telephone and facsimile phone numbers, and the relationship to Applicant. Identify the location of the transfer of ownership of cigarettes and a copy of every agreement or contract between applicant and fabricator.

6. INDIAN TRIBE/NATION AFFILIATION

A. Is Applicant a Federally Recognized Indian Tribe/Nation or a Legal Entity formed under Tribal Law?

☐ Yes ☐ No

B. Is Applicant owned by a Member(s) of an Indian Tribe/Nation and located on Tribal Land?

☐ Yes ☐ No

C. Does Applicant have or make any claim of Tribal Sovereign Immunity?

☐ Yes ☐ No

If your answer to any of these questions is “Yes,” please provide the information requested below and contact the Oklahoma Office of the Attorney General, Tobacco Enforcement, to make arrangements to execute required waivers of Sovereign Immunity in order to appear on the Oklahoma Tobacco Product Manufacturers Directory. (See Instructions).

Full Name of Tribe:

Mailing Address of Tribal Headquarters:

Telephone Number for Tribal Headquarters:

7. Licenses/Permits

a. Attach Copies of all current and valid licenses from the Oklahoma Tax Commission (OTC).

b. U.S. Treasury, Tobacco Tax Bureau (TTB) Permit Number as a Manufacturer:

And/Or as an Importer:

Attach a copy of Applicant's current permit as a manufacturer or importer pursuant to 26 USC Chapter 52, and regulations issued thereunder.

c. Federal Taxpayer ID Number:

d. If Applicant is a manufacturer located in a country other than the U.S.A., provide copies of any Tobacco Manufacturer's License/Certificate/Permit or similar document(s), or an Importer's License/Certificate/Permit or similar document(s) issued by the country where the manufacturing takes place.

PART II: BRAND FAMILY IDENTIFICATION

8. Brand Family Identification

A. Brand Family

Will this brand family be sold in 2014?

☐ Yes ☐ No

B. Units Sold in Preceding Calendar Year:

C. Manufacturer of Brands Listed (Include complete address information):

If not previously submitted, or if the previously submitted packaging has changed, attach samples of the actual packaging and labeling for each brand of Cigarettes that applicant intends to sell in Oklahoma. Also submit on CD or DVD, a color photograph in PDF format, of the packing and labeling. See Instructions.

If you do not have additional Brand Family Identification to report, skip to number 9.

A. Brand Family

Will this brand family be sold in 2014?

☐ Yes ☐ No

B. Units Sold in Preceding Calendar Year:

C. Manufacturer of Brands Listed (Include complete address information):

If not previously submitted, or if the previously submitted packaging has changed, attach samples of the actual packaging and labeling for each brand of Cigarettes that applicant intends to sell in Oklahoma. Also submit on CD or DVD, a color photograph in PDF format, of the packing and labeling. See Instructions.

If you do not have additional Brand Family Identification to report, skip to number 9.

A. Brand Family

Will this brand family be sold in 2014?

☐ Yes ☐ No

B. Units Sold in Preceding Calendar Year:

C. Manufacturer of Brands Listed (Include complete address information):

If not previously submitted, or if the previously submitted packaging has changed, attach samples of the actual packaging and labeling for each brand of Cigarettes that applicant intends to sell in Oklahoma. Also submit on CD or DVD, a color photograph in PDF format, of the packing and labeling. See Instructions.

If you do not have additional Brand Family Identification to report, skip to number 9.

A. Brand Family

Will this brand family be sold in 2014?

☐ Yes ☐ No

B. Units Sold in Preceding Calendar Year:

C. Manufacturer of Brands Listed (Include complete address information):

If not previously submitted, or if the previously submitted packaging has changed, attach samples of the actual packaging and labeling for each brand of Cigarettes that applicant intends to sell in Oklahoma. Also submit on CD or DVD, a color photograph in PDF format, of the packing and labeling. See Instructions.

9. PACKAGING SAMPLES (check one)

☐ Initial or Supplemental Application: Samples of the actual packaging and labeling for each brand (without tobacco) are attached.

☐ Renewal Application: Samples of packaging for all brands and products sought to be certified in the current year have been previously provided and there has been no changes in the packaging.

Please attach any packaging samples.

10. Trademark Holder(s)

Provide the name, address, and phone number of the trademark holder(s) of each brand listed above.

Brand:

Trademark Holder and Contact Person:

Physical Address:

Phone:

If the Trademark Holder of a Listed Brand is not the Applicant, provide a complete explanation for the inclusion of the brand(s) in this Application, a copy of any agreement(s) for the use of the Trademark by the Applicant, and a Sworn Affidavit from the Trademark Holder confirming that no entity other than Applicant is authorized to manufacture the brand family(s) for which certification is requested.

If you do not have additional Brand Family Identification to report, skip to number 11.

Provide the name, address, and phone number of the trademark holder(s) of each brand listed above.

Brand:

Trademark Holder and Contact Person:

Physical Address:

Phone:

If the Trademark Holder of a Listed Brand is not the Applicant, provide a complete explanation for the inclusion of the brand(s) in this Application, a copy of any agreement(s) for the use of the Trademark by the Applicant, and a Sworn Affidavit from the Trademark Holder confirming that no entity other than Applicant is authorized to manufacture the brand family(s) for which certification is requested.

If you do not have additional Brand Family Identification to report, skip to number 11.

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Brand:

Trademark Holder and Contact Person:

Physical Address:

Phone:

If the Trademark Holder of a Listed Brand is not the Applicant, provide a complete explanation for the inclusion of the brand(s) in this Application, a copy of any agreement(s) for the use of the Trademark by the Applicant, and a Sworn Affidavit from the Trademark Holder confirming that no entity other than Applicant is authorized to manufacture the brand family(s) for which certification is requested.

If you do not have additional Brand Family Identification to report, skip to number 11.

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Brand:

Trademark Holder and Contact Person:

Physical Address:

Phone:

If the Trademark Holder of a Listed Brand is not the Applicant, provide a complete explanation for the inclusion of the brand(s) in this Application, a copy of any agreement(s) for the use of the Trademark by the Applicant, and a Sworn Affidavit from the Trademark Holder confirming that no entity other than Applicant is authorized to manufacture the brand family(s) for which certification is requested.

PART III: BUSINESS ORGANIZATIONAL INFORMATION

11. Organizational Documents to be attached (See instructions for list of documents required by this question).

12. ARTICLES OF INCORPORATION & BYLAWS (If this is a Renewal Application, check one).

☐ A copy of current Articles of Incorporation and Bylaws have been submitted with the prior year certification. Those documents remain valid and current.

☐ The Articles of Incorporation or Bylaws have changed.

13. Company Officers & Owners

Appropriate Title

Full Name:

Street Address:

Telephone No.: Facsimile No.:

Date of Birth: Place of Birth:

E-mail Address:

If you do not have additional Brand Family Identification to report, skip to number 14.

Company Officers & Owners

Appropriate Title

Full Name:

Street Address:

Telephone No.: Facsimile No.:

Date of Birth: Place of Birth:

E-mail Address:

If you do not have additional Brand Family Identification to report, skip to number 11.

Company Officers & Owners

Appropriate Title

Full Name:

Street Address:

Telephone No.: Facsimile No.:

Date of Birth: Place of Birth:

E-mail Address:

If you do not have additional Brand Family Identification to report, skip to number 11.

Company Officers & Owners

Appropriate Title

Full Name:

Street Address:

Telephone No.: Facsimile No.:

Date of Birth: Place of Birth:

E-mail Address:

PART IV: MARKETING AND DISTRIBUTION INFORMATION

14. Is Applicant located outside the United States?

☐ Yes ☐ No

IMPORTER INFORMATION

Pursuant to 68 O.s. §360.4(6) of the Oklahoma Statutes for All Sales of Cigarettes Identified above from a Manufacturer Located Outside the United States, Which Occur in Oklahoma, the Manufacturer Hereby Certifies That it Has Attached Form OAG-TOB4 from Each of its Importers into the United States of Any of its Brand Families to Be Sold in Oklahoma Wherein Each Importer Accepts Joint and Several Liability with the Tobacco Product Manufacturer for the Deposit of All Escrow Due, Payment of Penalties Imposed, and Costs and Attorneys Fees Imposed in Accordance with Sections 600.21 Through 600.23 of Title 37 of the Oklahoma Statutes.

15. Prevent All Cigarette Trafficking Act (PACT ACT)

a. Has Applicant registered as a Tobacco Manufacturer with Oklahoma Tax Commission?

☐ Yes ☐ No

Provide a copy of your current Manufacturer's Registration with the OTC.

b. Has Applicant filed monthly reports of all shipments of cigarettes and tobacco products into Oklahoma during the previous calendar year with the Oklahoma Tax Commission?

☐ Yes ☐ No

If the "No" box is checked, provide a copy of your monthly shipment reports filed with the OTC.

16. Stamping Agents

For each brand that Applicant intends to sell, list the Name and Address of every licensed Oklahoma stamping agent that purchased or distributed any of Applicant's gross cigarette or RYO sales for that brand family in Oklahoma in the last calendar year.

Brand Family: Stamping Agent:

Address:

Phone Number:

Attach Additional Sheet(s), as Necessary, to Provide a Complete Response. If the Information Requested Is Included in Applicant's Monthly Shipment Reports to the OTC, Check the Box Below and Proceed to the Next Question.

☐ The Information Requested is contained in the Monthly Reports filed with the OTC and the OAG.

PART V. MANUFACTURING AND COMPLIANCE INFORMATION

17. Health Warning Rotation Plan (See Instructions).

For each brand family, list the Name and Address of the entity which filed a Cigarette Health Warning Rotation Plan with the Federal Trade Commission before the cigarettes were distributed in the United States.

Brand:

Entity that filed:

Street Address:

For each brand, attach the FTC's current written approval of applicant's annual Cigarette Health Warning Rotation Plan.

If you do not have additional Brand Family Identification to report, skip to number 18.

Health Warning Rotation Plan (See Instructions).

For each brand family, list the Name and Address of the entity which filed a Cigarette Health Warning Rotation Plan with the Federal Trade Commission before the cigarettes were distributed in the United States.

Brand:

Entity that filed:

Street Address:

For each brand, attach the FTC's current written approval of applicant's annual Cigarette Health Warning Rotation Plan.

If you do not have additional Brand Family Identification to report, skip to number 18.

Health Warning Rotation Plan (See Instructions).

For each brand family, list the Name and Address of the entity which filed a Cigarette Health Warning Rotation Plan with the Federal Trade Commission before the cigarettes were distributed in the United States.

Brand:

Entity that filed:

Street Address:

For each brand, attach the FTC's current written approval of applicant's annual Cigarette Health Warning Rotation Plan.

If you do not have additional Brand Family Identification to report, skip to number 18.

Health Warning Rotation Plan (See Instructions).

For each brand family, list the Name and Address of the entity which filed a Cigarette Health Warning Rotation Plan with the Federal Trade Commission before the cigarettes were distributed in the United States.

Brand:

Entity that filed:

Street Address:

For each brand, attach the FTC's current written approval of applicant's annual Cigarette Health Warning Rotation Plan.

18. Ingredient Reporting (See Instructions)

For each brand family, list the Name and Address of the entity which submitted the ingredient reporting information to the U.S. Secretary of Health and Human Services as required by the Federal Cigarette Labeling and Advertising Act.

Brand:

Submitter:

Street Address:

Attach copies of all current Certificates of Compliance received from the U.S. Health and Human Services for Applicant's Annual Ingredient Reporting required by the Federal Cigarette Labeling and Advertising Act (15 U.S.C. §1335a).

If you do not have additional Brand Family Identification to report, skip to number 19.

Ingredient Reporting (See Instructions)

For each brand family, list the Name and Address of the entity which submitted the ingredient reporting information to the U.S. Secretary of Health and Human Services as required by the Federal Cigarette Labeling and Advertising Act.

Brand:

Submitter:

Street Address:

Attach copies of all current Certificates of Compliance received from the U.S. Health and Human Services for Applicant's Annual Ingredient Reporting required by the Federal Cigarette Labeling and Advertising Act (15 U.S.C. §1335a).

If you do not have additional Brand Family Identification to report, skip to number 19.

Ingredient Reporting (See Instructions)

For each brand family, list the Name and Address of the entity which submitted the ingredient reporting information to the U.S. Secretary of Health and Human Services as required by the Federal Cigarette Labeling and Advertising Act.

Brand:

Submitter:

Street Address:

Attach copies of all current Certificates of Compliance received from the U.S. Health and Human Services for Applicant's Annual Ingredient Reporting required by the Federal Cigarette Labeling and Advertising Act (15 U.S.C. §1335a).

If you do not have additional Brand Family Identification to report, skip to number 19.

Ingredient Reporting (See Instructions)

For each brand family, list the Name and Address of the entity which submitted the ingredient reporting information to the U.S. Secretary of Health and Human Services as required by the Federal Cigarette Labeling and Advertising Act.

Brand:

Submitter:

Street Address:

Attach copies of all current Certificates of Compliance received from the U.S. Health and Human Services for Applicant's Annual Ingredient Reporting required by the Federal Cigarette Labeling and Advertising Act (15 U.S.C. §1335a).

19. Fire Safe Cigarettes

Are the Brand Families you manufacture certified as Fire Safe Cigarettes in Oklahoma?

☐ Yes ☐ No

If your answer is "Yes," please list and upload all brand families and styles certified as fire safe compliant in Oklahoma, and provide a copy of the current certification by the Oklahoma State Fire Marshall.

20. Convictions

Has Applicant or Any Person or Affiliate listed in Applicant's Responses to Part II, Questions (4) or (10), or Part III, Question (13) been convicted or entered a guilty plea to any crime under Federal, State or Foreign laws in connection with the sale of cigarettes? For each such plea or conviction, list:

(a) the Name of the Applicant or other person or affiliate convicted or entering a guilty plea;
(b) the Governmental Entity (Federal, State, Local or Foreign) that prosecuted applicant or other person or affiliate;
(c) the Case Number; and
(d) the Name and Address of the Government Attorney or official that prosecuted Applicant or other person or affiliate.

☐ Yes, the details of each occurrence are attached to this certification.

☐ Not Applicable

PART VI: NPM APPLICANT CERTIFICATION

If applicant is a PM, it may skip Part VI and go directly to Part VII.

21. AGENT FOR SERVICE OF PROCESS

a. Is Applicant domiciled in the State of Oklahoma?

☐ Yes ☐ No

b. Is Applicant a Non-resident or Foreign NPM that has registered to do business in Oklahoma as a Foreign Corporation or business entity?

☐ Yes ☐ No

c. If Applicant Answered "No" to Questions a and b, Applicant must appoint a Resident Agent for Service of Process by submitting a completed Notice of Appointment or Registered Agent and Registered Agent's Statement (OAG-TOB6).

22. QUALIFIED ESCROW FUND-FINANCIAL INSTITUTION

Please indicate whether the following statements describe Applicant by marking either Yes or No after the statement:

Applicant Certifies that of the date of this Certification, Applicant:

a. Has established and continues to maintain a qualified escrow fund.

☐ Yes ☐ No

b. Has executed a Qualified Escrow Agreement that has been received and approved by the Attorney General for the State of Oklahoma and that governs that qualified escrow fund for the State of Oklahoma.

☐ Yes ☐ No

c. An Amendment(s) to the Applicant's Escrow Agreement was executed in the past Calendar Year.

☐ Yes ☐ No

d. Has submitted a copy of the current Escrow Agreement and any amendments to it.

☐ Yes ☐ No

e. Has submitted written confirmation from the escrow agent stating the amount of funds in escrow.

☐ Yes ☐ No

Note: Oklahoma's Escrow Agreement is available on the Attorney General's Website at http://www.oag.ok.gov/oagweb.nsf/tobacco.html.

23. Qualified Escrow Fund Deposit/Withdrawal History for Oklahoma

Date: Deposit:

Withdrawal: Balance:

If you do not have additional Brand Family Identification to report, skip to number 24.

Date: Deposit:

Withdrawal: Balance:

If you do not have additional Brand Family Identification to report, skip to number 24.

Date:

Deposit:

Withdrawal:

Balance:

If you do not have additional Brand Family Identification to report, skip to number 24.

Date:

Deposit:

Withdrawal:

Balance:

PART VII: CERTIFICATION FEE

24. Effective January 1, 2010, Section 360.4 (A) (10) of Title 68 provides that "At the time a manufacturer submits a yearly written certification pursuant to this section, the manufacturer shall pay to the Office of the Attorney General a fee of One Thousand Dollars ($,000.00)."

Is your payment included with this Certification Application?

☐ Yes ☐ No

NOTE: This Certification will not be processed or considered by the Attorney General's Office until all the required documents are submitted. Incomplete and/or illegible Certifications will not be processed.

DECLARATION, ACKNOWLEDGMENT AND SIGNATURE

Under penalty of criminal prosecution under the laws of Oklahoma, I declare and acknowledge that:

1. I have read the Instructions for this Certification for listing on Oklahoma Directory.

2. I understand that the Attorney General may require additional information and/or documentation to determine if applicant qualifies for listing on the Oklahoma Directory.

3. Applicant will immediately notify the Attorney General's Office if any information on this Certification changes before the Attorney General approves the Certification.

4. I am an officer authorized to legally bind the above-named company either under the laws of the State of Oklahoma or of the jurisdiction where the manufacturer resides or is organized. My position with the company and my actual authority to certify on behalf of applicant meets the foregoing requirements.

5. On behalf of the Applicant, the undersigned agrees that any action or proceeding against it arising from enforcement of the provisions of 68 O.S. §§ 360.1, et seq., or 37 O.S. §§ 600.21-600.23 and any rules promulgated pursuant to these statutes, may be commenced against Applicant in any State Court within Oklahoma, that the laws of the State of Oklahoma will govern such proceedings, and that Applicant waives any immunity from suit, liability, judgment and collection that Applicant my possess.

6. I have examined this Certification, including attachments and supporting documents and, to the best of my knowledge and belief, this Certification, including attachments and supporting documents, is true, correct, and complete.

Name of Authorized Officer:

Title:

Telephone: E-mail Address:

Signature of Authorized Officer:

Date:

STATE OF _____)
COUNTY OF _____)
COUNTRY OF _____)

Subscribed and sworn to before me this _____ day of _____, 20____, personally appeared _____, personally known to me (or proved to be on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the instrument and acknowledge to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

_____
Notary Public

_____
My Commission Expires

Please print and sign this document and mail original form to:

Oklahoma Office of Attorney General
Tobacco Enforcement Unit
313 Northeast 21st Street
Oklahoma City, OK 73105

You may press the "submit" button after the form has been printed to immediately send the document to the Oklahoma Office of Attorney General. However, you must sign and mail the original form to the address above.

INSTRUCTIONS: https://adobeformscentral.com/?f=Ne17l8E0Fg2w07e-ggR%2AoQ

OAG-TOB1 2/2014

Submit