



**KRISTEN M. SCALISE CPA, CFE**  
**Fiscal Officer**  
**County of Summit**

**INSTRUCTIONS FOR COMPLETING  
RETAIL CIGARETTE DEALER'S LICENSE APPLICATION**

Cigarette licenses run from May to May. Current licenses are due for renewal before the fourth Monday in May each year. Ohio law requires cigarette licenses to be posted on the vending machine or in a conspicuous location within the establishment.

**ANNUAL FEE FOR RETAIL LICENSE: \$125 PER LOCATION**

There is no longer a reduced fee for more than five licenses issued to the same owner.

If you begin business after May 28, 2013, the cost of the license is prorated on a daily basis. Please contact us to obtain the correct fee if your business is not opening until after May 28th .

**WHOLESALE LICENSE:**

Wholesale cigarette licenses are no longer issued by the county Auditor. Wholesale licenses are now issued by the State of Ohio Department of Taxation. You may contact them at (614) 466-7026 to apply for the wholesale license.

**APPLICATION**

When completing the application, you must include all information required by the Department of Taxation. Incomplete or unsigned applications will be returned. Checks or money orders are to be payable to **the Summit County Fiscal Officer. We cannot accept checks payable to the State of Ohio.**

**DATE VALID:** The 2013-2014 licenses are valid for the period beginning May 28, 2013 and ending May 26, 2014.

**TAXING DISTRICT:** Refer to the enclosed list of taxing districts. License fees benefit the City, Village, or Township in which cigarettes are sold. For this reason, the correct district must be on the application.

**NAME OF DEALER:** The dealer's name on the cigarette license must match the vendor license exactly. Corporations, LLC's, and LP's must list the Ohio Corporation Charter Number or Articles of Organization Number, issued by Ohio's Secretary of State, next to the name. Each separate corporation must be on its own application.

Application may be made in person or by mail at the Fiscal Office Service Division, 1030 East Tallmadge Avenue, Akron, Ohio 44310. Please call us at 330-630-7225 or 7226 if you have any additional questions or feel we may be of further assistance.

**Kristen M. Scalise CPA, CFE**  
**Fiscal Officer, County of Summit**

**AUDITOR DIVISION**

175 S. Main Street  
Akron, OH 44308  
Phone: 330.643.2625  
Fax: 330.643.2622

**RECORDING DIVISION**

175 S. Main Street  
Akron, OH 44308  
Phone: 330.643.2719

**SERVICE DIVISION**

1030 E. Tallmadge Ave  
Akron, OH 44310  
Phone: 330.630.7226  
Fax: 330.630.7240

**TREASURER DIVISION**

175 S. Main Street  
Akron, OH 44308  
Phone: 330.643.2606  
Fax: 330.643.7760

## License Information

A cigarette dealer's license does not authorize the licensee to engage in the business of trafficking in cigarettes at any place of business in this state other than that specified thereon by the Summit County Fiscal Office.

There is no discount for multiple locations.

In the event that a business is moved from one location to another, or the business is sold, or an individual or partnership incorporates his or their business, or a partnership or corporation is dissolved, the cigarette license that has been issued to a dealer prior to the occurrence of any such event may not be used, and a new license must be obtained.

**Important Notice:** Ohio passed legislation that prohibits the sale of cigarettes in Ohio that have not been approved by the Attorney General's office. A list of brands legal for sale in Ohio can be found at [www.ohioattorneygeneral.gov/Services/Business/Tobacco-Directory-Search](http://www.ohioattorneygeneral.gov/Services/Business/Tobacco-Directory-Search). This list is periodically updated. Any brand not listed on the website is considered contraband and is subject to confiscation.

## **SUMMIT COUNTY CIGARETTE TAXING DISTRICTS**

### **CITIES**

67	Akron City
01	Barberton City
02	Cuyahoga Falls City
09	Fairlawn City
23	New Franklin City
28	Green City
30	Hudson City
33	Macedonia City
46	Norton City
56	Stow City
58	Munroe Falls City
60	Tallmadge City
64	Twinsburg City

### **VILLAGES**

12	Boston Heights Village
27	Clinton Village
54	Lakemore Village
55	Mogadore Village
41	Northfield Village
11	Peninsula Village
65	Reminderville Village
50	Richfield Village
57	Silverlake Village

### **TOWNSHIPS**

04	Bath Township
06	Boston Township
15	Copley Township
19	Coventry Township
40	Northfield Center Township
48	Richfield Township
42	Sagamore Hills Township
51	Springfield Township
62	Twinsburg Township

Cigarette License Section  
373 South High Street 21st Floor  
Columbus OH 43215-6317

## Application for Retail Cigarette Dealer's License

For the period from \_\_\_\_\_ to \_\_\_\_\_

To the auditor of \_\_\_\_\_ County Date \_\_\_\_\_

Taxing district \_\_\_\_\_ FEE \_\_\_\_\_

Pursuant to Ohio Revised Code Section 5743.15, the applicant herein has paid the required fee to the County Treasurer for each place of business specified below and hereby requests a license to sell cigarettes at retail at each of those places of business.

1. Name of Dealer \_\_\_\_\_

(If sole owner, print individual's full name; if partnership, print full names of all partners; if corporation or limited liability company, print entity's name and Ohio corporation charter number. If a foreign corporation, give certificate number issued by Secretary of State authorizing transaction of business in Ohio. O.R.C. Section 1703.01 et seq.)

2. Check whether dealer operates as

Sole Owner    Partnership    Corporation    Fiduciary    Limited Liability    Association

3. List below the titles, names, and addresses of all corporate officers, association officers, members, or partners.

Title	Name	Street	City	State	ZIP

Title	Name	Street	City	State	ZIP

(Additional officers to be listed on separate sheet and attached hereto)

4. Trade Name (If other than above) \_\_\_\_\_

5. Sales tax vendor license number \_\_\_\_\_

6. Federal employer identification number or, if none assigned for reporting federal taxes, please enter your social security number

FEIN

Social security number

7. Place of business

Previous license no.	Street	City	State	ZIP	Dist	License no. assigned

(Additional places to be listed on separate sheet and attached hereto)

8. E-mail address \_\_\_\_\_

9. Residence address of dealer or home office of corporation

a. Home/Office Address

Street	City	State	ZIP
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b. Mailing Address

Street	City	State	ZIP
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I declare under penalties of perjury that the above statements have been examined by me and to the best of my knowledge and belief is true, correct and complete report.

Signature of dealer or officer of company \_\_\_\_\_ Telephone number \_\_\_\_\_

Print name and title of individual signing application \_\_\_\_\_

All questions on this application should be fully answered before the licenses requested hereon are issued. For further license information see reverse side of this form.