



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: \$125.00 PER LOCATION

If you begin business after May 24, 2021, 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 24th.

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 2021-2022 licenses are valid for the period beginning May 24, 2021 and ending May 22, 2022.

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.

**DUE TO THE COVID-19 PANDEMIC, THE FISCAL OFFICE HAS
TEMPORARILY SUSPENDED IN-PERSON PUBLIC ACCESS.
APPLICATIONS MUST BE SUBMITTED BY MAIL TO THE SERVICE
DIVISION IN THE ENCLOSED ENVELOPE OR DROPPED IN THE SERVICE
DIVISION'S MAIL DROP BOX.**

Please feel free to call us if you have any additional questions or feel we may be of further assistance.

Sincerely,

Kristen M. Scalise CPA, CFE
Fiscal Officer, County of Summit
Service Division
330-630-7225

AUDITOR DIVISION
175 S. Main Street
Akron, Ohio 44308
Phone: 330.643.2625
Fax: 330.643.2622

RECORDING DIVISION
175 S. Main Street
Akron, Ohio 44308
Phone: 330.643.2719

SERVICE DIVISION
1030 E. Tallmadge Ave.
Akron, Ohio 44310
Phone: 330.630.7226
Fax: 330.630.7240

TREASURER DIVISION
175 S. Main Street
Akron, Ohio 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 county auditor.

There is no discount for multiple locations.

In the event that a business is moved from one location to another within the same county, the holder of the retail license may transfer the license for a fee of \$5. In the event that a 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. 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



Application for Retail Cigarette Dealer's License

(Please mail two copies to the office of the county auditor.)

For the period from _____ 20 _____ to _____ 20 _____

To the auditor of _____ County Date _____

Taxing district _____ Fee _____

Pursuant to R.C. 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, print corporation'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. R.C. 1703.01 et seq.)

2. Check whether dealer operates as:

- Sole owner Partnership Corporation Fiduciary Association LLC LLP Other

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

Title	Name	Street	City	State	ZIP

4. Trade name (if other than above) _____

5. Sales tax vendor license number (required) _____

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 (the license fee must be paid for each business location listed)

Street	City	State	ZIP	License no. (Filled in by county)	License fee (Filled in by county)

(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

Street	City	State	ZIP

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 a true, correct and complete report.

Signature of dealer or officer of company _____ Telephone number _____

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.