

**Schedule A
Form TT-1**

**Commonwealth Of Virginia
Virginia Department Of Taxation
Application for Cigarette Stamping Permit
And Tobacco Products Tax Distributor's License
Personal Data Form**

For Office Use Only

- **Please read instructions before completing application.**
- Schedule A must be completed for any officer, director, manager, sole proprietor, partner, member, stockholder, or any other person possessing an ownership interest of 10% or greater in the applicant, who exercises authority or control over the purchase, storage, sale or distribution of cigarettes or other tobacco products ("OTP"), or over the compliance with any cigarette or tobacco products tax laws.
- A completed Schedule A must also be filed within 10 days for any person meeting this criteria after the date of the initial application.
- After the initial approval, there is a non-refundable \$100 fee for each additional background check.
- Copy form as needed.
- **Please print or type.**

Business Name	FEIN/SSN
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A. Personal Information

First Name	Middle Name	Last Name	Suffix (Sr, Jr, III)	Maiden Name (If applicable)
Date of Birth (MM/DD/YY)	Place of Birth (City, State, Country)	Social Security Number		
Sex <input type="checkbox"/> F <input type="checkbox"/> M	Check the block for the racial or ethnic group with which you identify: <input type="checkbox"/> White (includes Arabian) <input type="checkbox"/> American Indian (includes Alaskans) <input type="checkbox"/> Black (includes Jamaicans, Bahamians and other Caribbeans of African but not Hispanic or Arabian descent) <input type="checkbox"/> Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture) <input type="checkbox"/> Asian & Asian American (includes Pakistanis, Indians & Pacific Islanders)			
Home Phone Number				

B. Home Address - Must enter the physical location. No post office boxes are allowed.

Number and Street Name		
City	State	ZIP

C. Have you been a resident of Virginia continuously for the past 10 years? Yes No
If No, attach a list of other states in which you have resided for more than six months and include dates. Also submit a copy of a criminal history record for each such state. Your application will not be processed until all criminal history records are received.

D. Relationship to Business

Sole Proprietor Partner (_____ %) Manager Other, Specify _____

Stockholder (10% or more) Member (_____ %) Officer/Board Member

E. Have you ever:

- owned or controlled, directly or indirectly, 10% or more of the ownership of a business engaged in cigarettes or OTP other than the company listed above; or
- been an officer, director or partner of a business engaged in cigarettes or OTP other than the company listed above?

Yes (If Yes, complete below.) No

Name of Other Business	FEIN/SSN	
Address	City, State, ZIP	Dates of Participation
Name of Other Business	FEIN/SSN	
Address	City, State, ZIP	Dates of Participation
Name of Other Business	FEIN/SSN	
Address	City, State, ZIP	Dates of Participation
Name of Other Business	FEIN/SSN	
Address	City, State, ZIP	Dates of Participation

Business Name				FEIN/SSN
First Name	Middle Name	Last Name	Suffix (Sr, Jr, III)	SSN

F. Miscellaneous Information

- Other than the company listed above, have you ever personally applied for or held in any state, city or country a license or permit to distribute cigarettes or OTP? Yes No
- Has any business in which you were a controlling person* ever applied for or held in any state, city or country a license or permit to distribute cigarettes or OTP? Yes No
- If Yes to questions 1 or 2 above: The Name of Business _____
Address _____
Date of License or Permit _____
- Have you or any entity in which you are or were a controlling person* ever had a cigarette and/or OTP permit or license denied, suspended or revoked? Yes No
- If Yes to 4, provide details: _____

- Have you ever been convicted (including pleas of guilty or no contest) of any felony or of any other crime or offense of any kind except violation of the vehicle and traffic laws? Yes No
- If Yes to 6: Date of Conviction _____
Crime or Offense Involved _____
- Are there any arrests, indictments, summonses or proposed administrative actions (except for violation of the vehicle and traffic laws) **pending** against you? Yes No
- If Yes to 8: Date of Charges _____
Crime or Offense Charged _____

* For purposes of this form, the term controlling person means any person who is an officer, director, or, partner (or, in the case of a limited liability company, an officer, member or a person having, with respect to such limited liability company, authority analogous to that of an officer or director with respect to a corporation) of an applicant for an agent's or wholesale dealer's license, or if the applicant is a corporation, a shareholder, directly or indirectly, owning 10% or more of the number of shares of voting stock of such corporation. It also includes persons who do or will exercise authority within the business comparable to the authority normally exercised by corporate officers, regardless of the form of business organization or lack of actual title.

G. Release of Information

I, the undersigned, do hereby certify that I have not knowingly made a false statement of material fact on this application. If the Department of Taxation issues a license/permit pursuant to this application, I will be bound by all the requirements contained in the license/permit terms and conditions.

I understand that untruthful or misleading answers are cause for denial of the application and/or termination of the license/permit. I further understand that whoever knowingly and willfully falsifies, conceals, or misrepresents a material fact or who knowingly or willfully makes a false, fictitious or fraudulent statement or representation in any application for license/permit to the Department of Taxation shall be guilty of a Class 1 misdemeanor.

I authorize the Department of Taxation and/or the Department of State Police to investigate any or all matters set forth in this application pursuant to 58.1-1021 of the Code of Virginia including but not limited to financial records, financial sources, state tax records and criminal history. I understand that further information may be requested of me in regard to this investigation.

I waive any rights or causes of action, based upon disclosure of otherwise confidential information, that I may have against the Department of Taxation, the Department of State Police and/or any other individual or agency disclosing or releasing such information to the Department of Taxation or the Department of State Police or to the applicant for a cigarette stamping permit or tobacco products distributor's license for which purposes this Personal Data Form is submitted.

Must Be Signed in Presence of Notary	Signature	Date
	Print Name	Title
Notary Public Seal	Notary Information	
	Subscribed and sworn before me this _____ day of _____, 20_____, in the (City/ County) _____ of the state of _____.	
	Notary Public Signature	Date
Virginia Registration Number	Notary Public Name Printed	My Commission Expires

Instructions For Form TT-1 Schedule A, Application for Cigarette Stamping Permit And Tobacco Products Tax Distributor's License - Personal Data Form

General Information

Schedule A **must** be completed for each officer, director, manager, sole proprietor, partner, member, stockholder, or any other person possessing an ownership interest of 10% or greater in the applicant, who exercises authority or control over the purchase, storage, sale or distribution of cigarettes or other tobacco products ("OTP") or over the compliance with any cigarette or tobacco products tax laws.

A completed Schedule A must also be filed within 10 days for any new person meeting this criterion after the permit/license has been issued.

Note: The Department of Taxation (Virginia Tax) may require that a person submit fingerprints as part of the background check.

Filing Procedure

A fee of \$600 is required with this application. After the initial approval, there is a non-refundable \$100 fee for each additional background check.

Make your check payable to the Department of Taxation. Mail the completed forms and your check to:

**Department of Taxation
Tobacco Unit
P. O. Box 715
Richmond, VA 23218-0715**

Questions

Call (804) 371-0730 or write the **Virginia Department of Taxation, Tobacco Unit, P.O. Box 715, Richmond, VA 23218-0715**. You can obtain most Virginia tax forms at www.tax.virginia.gov or by calling the Forms Request Unit at (804) 367-8037.

Change of Responsible Party

If there is a change of officer, director, manager, sole proprietor, partner, member, stockholder, or any other person possessing an ownership interest of 10% or greater in the applicant, who exercises authority or control over the purchase, storage, sale or distribution of cigarettes or other tobacco products ("OTP") or over the compliance with any cigarette or tobacco products tax laws, a new TT-1 will not be required unless other information required on the Form TT-1 has changed. However, if a new person meets the criterion listed above, a Schedule A must be completed for that person.

Schedule A Instructions

- Personal Data Forms may be submitted separately from the application for registration.
- Copy form as needed.
- Sections not specifically mentioned are self-explanatory.

Section A

Enter the exact legal name and federal employer identification number (FEIN) as listed on the application for license.

Section B

Enter your physical home address. Do not use a P. O. Box.

Section E

If you answer "Yes" to this question, complete all of the required boxes for each entity.

Attach additional sheets if necessary.