



**BUREAU OF REVENUE & TAXATION**  
 P.O. BOX 6069 KOROR, PALAU 96940  
 TEL: (680) 488-2465/2580 FAX: (680) 488-3844

**TAX-003**

**APPLICATION FOR  
 TOBACCO DISTRIBUTOR/MANUFACTURER LICENSE**

TYPE-WRITTEN OR PRINT CLEARLY

<input type="checkbox"/> New Applicant	<input type="checkbox"/> Renewal	BUS. ID:
1 Applicant's Name		
2 Type of Ownership	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
3 APPLICATION FEE: (\$25/LICENSE)	<input type="checkbox"/> RETAIL <input type="checkbox"/> IMPORT	<input type="checkbox"/> WHOLESALE <input type="checkbox"/> MANUFACTURE
4 Class of Tobacco License	<input type="checkbox"/> A-TOBACCO DISTRIBUTOR-RETAIL	\$ 50.00
	<input type="checkbox"/> B-TOBACCO DISTRIBUTOR-WHOLESALE	\$ 150.00
	<input type="checkbox"/> C-TOBACCO DISTRIBUTOR-IMPORT	\$ 200.00
	<input type="checkbox"/> D-TOBACCO DISTRIBUTOR-MANUFACTURE	\$ 200.00
	TOTAL LICENSE FEES .....	\$
	TOTAL DUE .....	\$
5 Doing Business As (dba)		
6 Business Location (Exact Location, Hamlet & State)		
7 Mailing Address (P.O. Box #, City, State and Zip Code)		
8 Telephone Number	Bus. Phone #	Mobile #
9 Fax Number		
10 E-mail Address		
11 Person to Contact		
12 Title of Contact Person		

**DECLARATION**

I hereby give the Tax Office the authority to verify all the information provided herein. I understand that any false or fraudulent information given will delay or may cause denial of my application for a Tobacco License and may subject me and/or my business to such penalty as may be provided under the law. I also understand that my business may be de-registered for any failure to comply with the Tobacco and/or Tax Laws or regulations of the Republic.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Full Name \_\_\_\_\_ Title \_\_\_\_\_

FOR OFFICE USE ONLY					
Date Rec'd	Amount Paid	Receipt #	Date Processed	TIN #	Approved

PURSUANT TO RPPL 8-27

### INSTRUCTIONS

1. Check or mark New Applicant or Renewal, whichever is applicable.
2. Applicant's Name: Enter Name of Taxpayer.
3. Application Fees: Check or mark license applying for. (Application fee is \$25 per license).
4. Class of Tobacco License: Check Appropriate box.
5. Doing Business As (dba): Enter the name of the business applying for the Tobacco License.
6. Business Location: Enter exact location of the business applying for the Tobacco License
7. Mailing Address: Enter Post Office Box #, City, State and Zip Code.
8. Telephone Number: Enter Business phone # and alternative #s.
9. Fax #: Enter Facsimile # (if applicable).
10. E-mail Address: Enter email address of the taxpayer/company.
11. Person to Contact: Enter name of the Person to Contact.
12. Title of Contact Person: Enter position/title of the Contact Person.

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1. Signature: Signature of the taxpayer/authorized person.
  2. Date: Date of Signature.
  3. Print Full Name: Print the full name of the 'Signer'.
  4. Title: Title of the 'Signer'.