

Wisconsin Department of Revenue  
Mail Stop 5-107  
PO Box 8900  
Madison WI 53708-8900  
(608) 261-6435

## Cigarette and/or Tobacco Products Salesperson's Permit Application

DEPARTMENT USE ONLY

Permit Number
Period Covered
Date of Issuance

The undersigned hereby makes application for a permit to sell, solicit orders for, or engage in the sale for future delivery of cigarettes and/or tobacco products for a specific employer. When employment changes, the current permit must be returned to this department before a new permit can be issued. Enclose a \$20 Business Tax Registration Fee (if applicable). Read the instructions on the reverse side.

Last Name ( <i>please print</i> )	First	M.I.	Phone Number ( ) - - - - -	Date of Birth MM / DD / YYYY
Address			Social Security Number (required)	
City			State	Zip Code

1. Current Business or Occupation (be specific)

2. Business or Occupation (if different than above during last three calendar years)

3. Have you as a sole proprietor, partner(s), limited liability company, member(s) or corporate officer(s) ever held, or now hold, a permit or certificate issued by the Wisconsin Department of Revenue?  Yes  No

If Yes, indicate: Type of permit or certificate \_\_\_\_\_  
Permit or certificate number \_\_\_\_\_  
Location for which permit or certificate was issued \_\_\_\_\_

4. Have you been found guilty of crimes relating to loaning money or anything of value to persons holding licenses or permit issued pursuant to ch. 125, Wis. Stats.?  Yes  No

5. Have you been convicted of violating federal or state laws or local ordinances other than traffic violations?  Yes  No  
If Yes, check type of law violated:  Federal  State  Local Ordinances

Also indicate details of the violation, including nature of violation, date, place, court, and disposition.

6. If you have been convicted of a felony for which you received a pardon, describe the nature of the felony and date/place of the pardon.

7. Check the box(es) below which apply:

- Application for permit to solicit sales for future delivery of cigarettes  
 Application for permit to solicit sales for future delivery of tobacco products (OTP)

8. Name of the permittee which applicant will represent.			Permit Number (prefix(es) and number)	
Address	City	State	Zip Code	

I declare under penalties of the law that I have examined this information and to the best of my knowledge and belief, it is true, correct and complete.

<b>APPLICANT SIGN HERE</b> →	Signature ( <b>do not print or type</b> )	Date

# Instructions for Cigarette and/or Tobacco Products Salesperson's Permit Application

## 1. Who Needs Cigarette and/or Tobacco Products Salesperson's Permit?

Any person in Wisconsin who solicits orders for or engages in the sale of cigarettes and/or tobacco products for future delivery must obtain a salesperson's permit. A permit is not needed if you will be only soliciting orders by correspondence or telephone from outside Wisconsin.

NOTE: No person may solicit on-the-spot sales (peddling) of cigarettes or tobacco products in Wisconsin. Violators are subject to the enforcement provisions provided under the Wisconsin Statutes. Products sold in violation of the statute is unlawful property and subject to seizure.

## 2. How to Obtain a Cigarette and/or Tobacco Products Salesperson's Permit

Send your completed application to Wisconsin Department of Revenue along with your \$20 BTR fee, if applicable.

Mail to: Wisconsin Department of Revenue  
Mail Stop 5-107  
PO Box 8900  
Madison, WI 53708-8900

## 3. Business Tax Registration Fee (BTR Fee)

A \$20 BTR fee applies to all persons who apply for a Cigarette and/or Tobacco Products Salesperson's Permit.

Exceptions – The \$20 BTR fee is not due with this application if:

- a. You held any active permits or certificates on December 31, 1995, issued by the department that is covered by the BTR provisions.
- b. You paid the \$20 BTR fee with a previous application for another permit or certificate which the department issued.

## 4. Assistance and Forms

Information, additional forms, and assistance are available:

*by visiting:* 2135 Rimrock Road  
Madison, WI 53713  
Telephone (608) 261-6435

*or write to:* Mail Stop 5-107  
PO Box 8900  
Madison, WI 53708-8900  
E-mail: [excise@revenue.wi.gov](mailto:excise@revenue.wi.gov)

## 5. Internet Address

You can access the department's website 24 hours a day, seven days a week, at [www.revenue.wi.gov](http://www.revenue.wi.gov).

From this website, you can:

- Complete electronic fill-in forms
- Download forms, schedules, instructions, and publications
- View answers to frequently asked questions
- E-mail us for assistance