



Form TPM-2

Certification for Listing in the Connecticut Tobacco Directory as of July 1, 2008

This application will not be processed or considered complete until all the information and documents required, either by the application form, the instructions to the application form, or by the request of the Department of Revenue Services (DRS) or the Office of the Attorney General have been submitted.

Initial Supplemental

Complete this form in black or blue ink only.

Part I: General Business and Ownership Information

For Completion by Participating Manufacturers (PMs) and Nonparticipating Manufacturers (NPMs)

1. Applicant Tobacco Product Manufacturer Identification

▶ Applicant: _____

Street address: _____

▶ Mailing address if different from above: _____

Telephone number: _____ Facsimile (FAX) number: _____

Email address: _____

Website address: _____

Name and title of authorized officer completing this certification: _____

Manufacturing plant(s) name and street address if different from above: _____

Manufacturing plant telephone number: _____

Manufacturing plant FAX number: _____

Name, title, and telephone number of person at plant if different from above: _____

Attach additional sheet(s) as necessary to provide a complete response.

Attach a photograph or diagram of the manufacturing (fabricating) facility and indicate on the photograph or diagram where the equipment and facilities for manufacturing the cigarettes, if any, are located.

2. The undersigned certifies that as of the date of this certification, the applicant named above is a:

(initial one)

_____ Participating Manufacturer (PM) as the term is defined in Section II(jj) of the Master Settlement Agreement (MSA) that has in the past generally performed and is currently generally performing its financial obligations under the MSA.

_____ Nonparticipating Manufacturer (NPM) that is in full compliance with Conn. Gen. Stat. §4-28i and implementing regulations including having made all required deposits into a Qualified Escrow Fund for all the years beginning with calendar year 2000.

3. The applicant is the manufacturer (fabricator) of all of the brand families listed in this certification which are intended to be sold in the United States including cigarettes intended to be sold in the United States through an importer.

▶ Yes No

4. The applicant is the first purchaser anywhere for the resale in the United States of cigarettes manufactured anywhere that the manufacturer does not intend to be sold in the United States.

▶ Yes No

If the answer is **Yes**, identify each cigarette manufacturer (fabricator), the plant street address, mailing address, contact person, telephone and fax numbers, and the relationship to the applicant. Identify the location of the transfer of the ownership of the cigarettes and a copy of every agreement or contract between the applicant and the manufacturer. Attach additional sheet(s) as necessary to provide a complete response.

5. The applicant is a successor of an entity described in Question 3 or 4 above.

Yes No

6. If the applicant answered No to Questions 3, 4, and 5 above, explain the basis for the applicant's claim that it is the tobacco product manufacturer as defined in Conn. Gen. Stat. §4-28h for each of the brands listed in this certification, and submit all documentation to support the applicant's claim. If for example, the applicant seeks to list brands that are contract manufactured by other participating manufacturers, explain and document those arrangements. Attach additional sheet(s) as necessary to provide a complete response.

7. Since January 1, 2007, has there been a change in manufacturer (fabricator) of one or more of the brand families listed in this application form?

Yes No

If the answer is **Yes**, identify the former manufacturer and the current manufacturer for each brand family.

Brand Family	Former Manufacturer	Current Manufacturer

Attach additional sheet(s) as necessary to provide a complete response.

8. Licenses and Permits

A. Connecticut Tax Registration Number assigned to applicant by DRS: _____

Attach copies of all current and valid licenses issued to applicant by DRS.

If the applicant is not the holder of a DRS cigarette manufacturer's license that will expire on September 30, 2008, has the applicant applied for a DRS cigarette manufacturer's license expiring on that date and submitted the \$5,000 annual license fee with the license application?

Yes No

B. U.S. Treasury, Tobacco Tax Bureau (TTB) Permit Number as a manufacturer: _____

U.S. Treasury, Tobacco Tax Bureau (TTB) Permit Number as an importer: _____

Attach a copy of the applicant's current permit as a manufacturer, importer, or both under 26 USC §§5701 through 5763 and regulations issued under 26 USC §§5701 through 5763.

9. Agreements With Other PMs or NPMs or Affiliates See Instructions.

Brand Family	PM, NPM, or Affiliate	Physical Address	Phone Number

Nature of agreement(s): _____

Attach additional sheet(s) as necessary to provide a complete response. Attach a copy of each agreement.

Part III: Additional Business Information

For Completion by NPMs only

1. Organizational Documents

See instructions for a list of documents required.

2. Officers, Directors, and Owners of Applicant

Complete the table by listing all officers, directors, and owners of the applicant. An **owner** is any person with an equity interest of 10% or more in the applicant.

	Individual #1	Individual #2	Individual #3
Full name (first, middle, last)			
Street address			
Telephone number			
FAX number			
Date and place of birth			
Email address			
Title or relationship to applicant			
If owner, enter ownership Interest (%)			
Is this individual an officer, director, or owner of any other PM or NPM?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , identify the PM(s) or NPM(s)			

Attach additional sheet(s) as necessary to provide a complete response.

3. Affiliates

See instructions.

Brand Family	Affiliate Name	Affiliate Street Address	Type of Business

Attach additional sheet(s) as necessary to provide a complete response.

4. Applicant Information

Please indicate whether the following statements describe the applicant by checking either **Yes** or **No** after the statement. All references to cigarettes include roll-your-own tobacco.

- A. The applicant sold cigarettes to consumers within Connecticut, whether directly or through a distributor, dealer, or similar intermediary or intermediaries during calendar year 2007. Yes No
- B. The applicant made escrow deposits under Conn. Gen. Stat. §4-28i for cigarettes sold during calendar year 2007 to consumers within Connecticut, whether directly or through a distributor, dealer, or similar intermediary or intermediaries. Yes No
- C. The applicant sells cigarettes over the Internet or in catalogs and uses the mail or other delivery service to deliver cigarettes to consumers within Connecticut. Yes No

Part IV: Marketing and Distribution Information

For Completion by NPMs Only

1. Tobacco Products Reclassified as Cigarettes or Roll-Your-Own (RYO) Tobacco

List all tobacco products sold by the applicant that since January 1, 2007, have been reclassified as cigarettes or as RYO by a federal agency or by a state or local government.

Brand Family Name of Reclassified Tobacco Product	Name of Federal, State, or Local Governmental Entity That Reclassified the Tobacco Product as a Cigarette or RYO Tobacco	Government Entity's Street Address	Date of Reclassification

Attach additional sheet(s) as necessary to provide a complete response.

2. Distributors

List the name and address of every distributor that since January 1, 2007, has purchased or handled 10% or more of the applicant's gross cigarette (including RYO) sales in Connecticut.

Brand Family	Distributor	Physical Address	Phone Number

Attach additional sheet(s) as necessary to provide a complete response.

Part V: Manufacturing and Compliance Information

For Completion by NPMs Only

1. Manufacturer(s)

For each brand family, list the name and address of the manufacturer(s) (fabricator(s)) of the cigarettes if other than the applicant. Include all company names and addresses used by the manufacturer(s) in making cigarettes for sale in the United States.

Brand Family	Manufacturer	Physical Address

Attach additional sheet(s) as necessary to provide a complete response.

2. Health Warning Rotation Plan

For each brand family, list the name and address of the entity which filed a Cigarette Health Warning rotation plan with the Federal Trade Commission before the cigarettes were distributed in the United States. For each brand family, attach the Federal Trade Commission's written approval of the applicant's annual Cigarette Health Warning rotation plan.

Brand Family	Filer	Physical Address

Attach additional sheet(s) as necessary to provide a complete response.

3. Ingredient Reporting

For each brand family, list the name and address of the entity which submitted the ingredient reporting information to the U.S. Secretary of Health and Human Services as required by the Federal Cigarette Labeling and Advertising Act. Attach copies of all certificates of compliance received from the U.S. Department of Health and Human Services for the applicant's annual ingredient reporting required by the Federal Cigarette Labeling and Advertising Act, 15 U.S.C. §1335a.

Brand Family	Submitter	Physical Address

Attach additional sheet(s) as necessary to provide a complete response.

4. Cigarette Packaging

For each brand family, list the name and address of the person, company, or entity that placed the cigarettes into packages with the U.S. Surgeon General's warnings.

Brand Family	Packager	Physical Address

Attach additional sheet(s) as necessary to provide a complete response.

5. Internet, Mail Order, or other Direct Delivery Sales to Consumers Within Connecticut. See instructions.

A. Websites: _____

B. Physical address: _____

C. Total direct delivery sales to consumers within Connecticut during calendar year 2007: _____

Attach additional sheet(s) as necessary to provide a complete response.

Attach copies of the Jenkins Act reports filed with DRS as specified in the instructions.

Part VI: Disclosure of Enforcement Actions and Prior Determinations Affecting Applicant or Affiliates

For Completion by NPMs Only

1. Enforcement Actions Banning or Enjoining Sales

Has the applicant or any person or affiliate listed in the applicant's response to Part II, Question 2, or Part III, Question 2 or 3, had any of its cigarettes banned or enjoined from being sold in one or more jurisdictions by any state or federal court or by any state or federal agency ruling or determination?

Yes, the details of each occurrence must be attached to this certification.

No

If **Yes**, for every action banning or enjoining sales, attach a copy of the judgment, ruling, or determination and list on a separate sheet the:

- (a) Brand family(ies) banned or enjoined, or both;
- (b) Governmental entity (federal, state, local, or foreign) or private plaintiff bringing the action;
- (c) Case number; **and**
- (d) Name and address of the government attorney, official, or private plaintiff bringing the action.

2. Denial of Listing

Has the applicant or any person or affiliate listed in the applicant's responses to Part II, Question 2, or Part III, Question 2 or 3, been denied listing on or removed from any state tobacco directory?

Yes, the details of each occurrence must be attached to this certification.

No

If **Yes**, for every denial or removal, attach of a copy of the determination and list on a separate sheet the:

- (a) Name of the applicant or other person or affiliate denied listing on or removed from a state tobacco directory;
- (b) Tobacco product manufacturer or brand family(ies), or both, denied listing on or removed from a state tobacco directory; **and**
- (c) Name of the state that denied the applicant listing on or removed the applicant from a state tobacco directory.

3. Unfair Business Practice or Competition

Has a state or federal court entered a judgment finding that the applicant engaged in an unfair business practice or unfair competition relating to the sale of tobacco products?

Yes, the details of each occurrence must be attached to this certification.

No

4. Convictions

Has the applicant or any person or affiliate listed in the applicant's responses to Part II, Question 2, and Part III, Question 2 or 3, been convicted of any crime under federal, state, or foreign laws in connection with the sale of cigarettes?

Yes, the details of each occurrence must be attached to this certification.

No

If **Yes**, for every conviction, attach a copy of the judgment and list on a separate sheet the:

- (a) Name of the applicant or other person or affiliate convicted;
- (b) Governmental entity (federal, state, local, or foreign) that prosecuted the applicant or other person or affiliate;
- (c) Case number; **and**
- (d) Name and address of the government attorney or official that prosecuted the applicant or other person or affiliate.

5. Denials, Suspensions, or Revocations of Permits or Licenses

Has the applicant or any person or affiliate listed in the applicant's responses to Part II, Question 2, and Part III, Question 2 or 3, been denied a permit, license, or any other authorization to engage in any business relating to the sale of cigarettes by any government entity (federal, state, local, or foreign) or had a permit, license, or other authorization revoked, suspended, or otherwise terminated?

Yes, the details of each occurrence must be attached to this certification.

No

If **Yes**, for every denial, suspension, or revocation of a permit, license, or other authorization, attach a copy of the letter of denial, suspension, or revocation and list on a separate sheet the:

- (a) Name of the applicant or other person or affiliate that had the permit, license, or other authorization revoked, suspended, or otherwise terminated;
- (b) Governmental entity (federal, state, local, or foreign) that denied, suspended, or revoked the permit, license, or other authorization;
- (c) Case number, if any; **and**
- (d) Name and address of the government attorney, official, or private plaintiff bringing the action.

6. Qualified Escrow Fund Statute Compliance

Has the applicant or any person listed in the applicant's responses to Part II, Question 2, or Part III, Question 2 or 3, been involved as an officer, director, or owner of any other tobacco manufacturer or affiliate which has been the subject of a claim by any jurisdiction that it has not made adequate escrow deposits as a nonparticipating manufacturer under Conn. Gen. Stat. §4-28i or any comparable statute of another state?

Yes, the details of each occurrence must be attached to this certification.

No

If **Yes**, for every occurrence, list on a separate sheet the:

- (a) Name of the applicant or other person or affiliate that has not satisfied its NPM qualified escrow fund obligations;
 - (b) Brand families for which there was a failure to comply; **and**
 - (c) Amounts of any escrow deposits still owed.
-

Part VII: Imported Cigarettes: Documentation and Verification

For Completion by NPMs Only

1. U.S. Customs Documents

If the cigarettes that the applicant sells or intends to sell are not made in the United States, provide the documents listed in (a) through (c):

- (a) A copy of the sworn statement of the original manufacturer that it will timely submit ingredients to the U.S. Secretary of Health and Human Services as required by 19 USC §1681a(c)(1);
- (b) A copy of the importer's certificate under penalty of perjury as required by 19 USC §1681a(c)(2) regarding the precise format of warnings and the rotation plan for health warnings; **and**
- (c) A copy of the trademark holder's certificate under penalty of perjury that it has not withdrawn consent to import into the United States as required by 19 USC §1681a(c)(3)(A) or a copy of the importer's certificate under penalty of perjury that the trademark owner has not withdrawn consent to import into the United States as required by 19 USC §1681a(c)(3)(B).

Part IX: Declaration, Acknowledgment, and Signature

For Completion by PMs and NPMs

Under penalty of criminal prosecution under the laws of Connecticut, I declare and acknowledge that:

1. I have read the Instructions for this Certification for Listing in the Connecticut Tobacco Directory.
2. I understand that the Attorney General or DRS may require additional information or documentation, or both, to determine if the applicant qualifies for listing in the Connecticut Tobacco Directory.
3. Applicant will immediately notify the Office of the Attorney General and DRS if, before a determination is made by DRS to include the applicant and its brand families in the Connecticut Tobacco Directory, any information on this certification changes.
4. I represent and warrant that I am an officer of the applicant authorized to bind the applicant.
5. I have examined this application form, including attachments and supporting documents, and, to the best of my knowledge and belief, this application form, including attachments and supporting documents, is true, correct, and complete.

Name of authorized officer: _____ Title: _____

Email address: _____ Telephone: _____

Signature of authorized officer: _____ Date: _____

State of _____)

County of _____)

Country of _____)

On _____, before me, _____, personally appeared

_____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he or she executed the same in his or her authorized capacity, and that by his or her signature(s) on the instrument the person or the entity upon behalf of which the person acted executed the instrument.

Witness my hand and official seal.

Signature: _____

My Commission expires: _____

This application form must be filed at both of the following addresses:

File the original with:
Department of Revenue Services
Attn: Tax Division Chief, Audit Division
Excise/Public Services Subdivision
25 Sigourney Street
Hartford CT 06106

File a copy with:
Office of the Attorney General
Finance Department
PO Box 120
Hartford CT 06141-0120