



# Form TPM-2

## Certification for Listing in the Connecticut Tobacco Directory as of July 1, 2016

(Rev. 03/16)

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 State of Connecticut ("Attorney General"), have been submitted.

Initial     Supplemental

Complete this form in blue or black 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 contact 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 sell 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.

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5. The applicant is a successor of an entity described in Question 3 or Question 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 brand families listed in this certification, and submit all documentation to support the applicant’s claim. If, for example, the applicant seeks to list brand families that are contract manufactured by other participating manufacturers, explain and document those arrangements. Attach additional sheet(s) as necessary to provide a complete response.

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7. Since January 1, 2015, 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, 2016, has the applicant applied for a DRS cigarette manufacturer's license expiring on that date and submitted the \$5,250 annual license fee with the license application?

Yes  No

B. U.S. Treasury, Tobacco Tax Bureau (TTB) Permit Number as a manufacturer, if any: \_\_\_\_\_

U.S. Treasury, Tobacco Tax Bureau (TTB) Permit Number as an importer, if any: \_\_\_\_\_

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 U.S.C. §§5701 through 5763, if the applicant has been issued such permit(s).

If the applicant has not been issued such permit(s), attach an explanation describing why permits were not issued and attach a copy of the TTB Tobacco Importer Permit issued to the company importing the product.

**9. Agreements with other PMs, NPMs, or affiliates:** See instructions.

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

Nature of agreement(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**10. Jenkins Act reporting requirements**

The applicant certifies that it and/or its importer(s) is/are in compliance with all reporting and registration requirements of 15 USC 375 et seq. in all states.

Yes  No (which should include any pending allegations of applicant's noncompliance in any jurisdiction)

If **Yes**, the applicant shall, upon request by the Commissioner or Attorney General, provide documentation to verify compliance in all states. If **No**, explain and attach any related documentation.

**Part II: Brand Family Identification**

For completion by PMs and NPMs

**1. Brand family identification**

PMs complete Column A. NPMs complete Columns A through C. If required, attach samples of the actual packaging and labeling for each brand family of cigarettes the applicant seeks to have included in the Connecticut Tobacco Directory.

	<b>Column A</b> <b>Brand Families Sought to Be Included in the Connecticut Tobacco Directory</b>	<b>Column B</b> <b>Units Sold to Consumers Within Connecticut During Calendar Year 2015</b>	<b>Column C</b> <b>Manufacturer of Brand Families Listed</b> <small>Include complete address information.</small>
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Submit on CD or DVD a color photograph in Adobe Acrobat (.pdf) software of the packaging and labeling.

Samples of the actual packaging and labeling must be submitted for each brand family not on the Connecticut Tobacco Directory as of July 1, 2015 and for each brand family for which the packaging and labeling have changed.

**2. Cigarette information**

Please indicate whether the following statements describe the cigarettes in brand families identified in your response to Part II, Question 1, Column A, by checking either **Yes** or **No** after the statement.

- A. The cigarettes and their component parts are in compliance with the requirements of 21 U.S.C. §387g(a)(1).  Yes  No
- B. The cigarettes are in compliance with the requirements of 21 U.S.C. §387k(b)(2)(A)(ii).  Yes  No

**3. Trademark holder(s)**

Provide the name, address, and telephone number of the trademark holder(s) of each brand family listed above.

Brand Family	Trademark Holder and Contact Person	Physical Address	Telephone Number

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

**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 <b>Yes</b> , 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 (RYO) 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 2015.  Yes  No
- B. The applicant made escrow deposits under Conn. Gen. Stat. §4-28i for cigarettes sold to consumers within Connecticut, whether directly or through a distributor, dealer, or similar intermediary or intermediaries, during calendar year 2015.  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, 2015, have been reclassified as cigarettes or as RYO by a federal agency or by a state or local government. Attach additional sheet(s) as necessary to provide a complete response.

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

**2. Distributors**

List the name and address of every distributor that, during calendar year 2015, purchased or handled 10% or more of the applicant's gross cigarette (including RYO) sales for that brand family in Connecticut. Attach additional sheet(s) as necessary to provide a complete response.

Brand Family	Distributor	Physical Address	Stamper
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

**3. Compliance with Conn. Gen. Stat. § 4-28m(3)(c)**

The nonparticipating manufacturer identified in Part I, must provide the following information:

1. Total nationwide cigarette sales on which federal excise tax was paid in the preceding calendar year (2015) \_\_\_\_\_ .

If the manufacturer identified in Part I is a domestic tobacco product manufacturer, a copy of the Tobacco Tax Bureau Form 5210.5 supporting the total sales number **must** be attached to this certification.

If the manufacturer identified in Part 1 is a foreign tobacco product manufacturer, a copy of Tobacco Tax Bureau Form 5220.6 supporting the total sales number **must** be attached to this certification.

**Yes** The applicant certifies that it has verified, through its own records and/or those of its importer(s), that it is compliant with Conn. Gen. Stat. §4-28m(3)(c). If **Yes**, attach explanation of how compliance was verified and provide all supporting documents. If **No**, attach explanation of why compliance has not been achieved or cannot be verified.

2. Total nationwide cigarette sales reported pursuant to 15 U.S.C. § 376 during the preceding calendar year (2015) \_\_\_\_\_ .

**Yes** The applicant certifies that it has verified, through its own records and/or those of its importer(s), that it is compliant with Conn. Gen. Stat. §4-28m(3)(c). If **Yes**, attach explanation of how compliance was verified and provide all supporting documents. If **No**, attach explanation of why compliance has not been achieved or cannot be verified.

**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.

<b>Brand Family</b>	<b>Manufacturer</b>	<b>Physical Address</b>

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

**2. Importer(s)**

For each brand family, list the name and address of the importer(s) of the cigarettes if other than the applicant.

<b>Brand Family</b>	<b>Importer</b>	<b>Physical Address</b>

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

**3. 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.

<b>Brand Family</b>	<b>Filer</b>	<b>Physical Address</b>

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

**4. 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.

**5. 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.

**6. Internet, mail order, or other delivery sales to consumers within Connecticut:** See instructions.

- A. Websites: \_\_\_\_\_  
\_\_\_\_\_
- B. Physical address: \_\_\_\_\_  
\_\_\_\_\_
- C. Total delivery sales to consumers within Connecticut during calendar year 2015: \_\_\_\_\_  
\_\_\_\_\_

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



**Part VI: Disclosure of Prior and Pending Enforcement Actions and Prior and Pending 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 3, or Part III, Question 2 or Question 3, ever had any of its cigarette brand families banned or enjoined from being sold in one or more states by any state or federal court or by any state or federal agency ruling or determination? Also answer **Yes** if any action to ban or enjoin such sales is pending.

- No
- Yes, and the details are attached to this certification. See instructions.

**2. Denial of listing**

Has the applicant or any person or affiliate listed in the applicant's response to Part II, Question 3, or Part III, Question 2 or Question 3, or any cigarette brand family of the applicant or of any person or affiliate listed in the applicant's response to Part II, Question 2, or Part III, Question 2 or Question 3, ever been denied listing on or removed from any state tobacco directory? Also answer **Yes** if any action to deny such listing or to remove from such directory is pending.

- No
- Yes, and the details are attached to this certification. See instructions.

**3. Unfair business practice or competition**

Has a state or federal court ever entered a judgment finding that the applicant or any person or affiliate listed in the applicant's response to Part II, Question 3, or Part III, Question 2 or Question 3, engaged in an unfair business practice or unfair competition relating to the sale of tobacco products? Also answer **Yes** if any judicial proceeding to determine whether the applicant engaged in an unfair business practice or unfair competition relating to the sale of tobacco products is pending.

- No
- Yes, and the details are attached to this certification. See instructions.

**4. Convictions**

Has the applicant or any person or affiliate listed in the applicant's response to Part II, Question 3, or Part III, Question 2 or Question 3, ever been convicted of any crime under federal, state, or foreign laws in connection with the sale of cigarettes? Also answer **Yes** if any such criminal prosecution is pending.

- No
- Yes, and the details are attached to this certification. See instructions.

**5. Denials, suspensions, or revocations of permits or licenses**

Has the applicant or any person or affiliate listed in the applicant's response to Part II, Question 3, or Part III, Question 2 or Question 3, ever 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 ever had any such permit, license, or other authorization revoked, suspended, or otherwise terminated? Also answer **Yes** if the denial, revocation, suspension, or other termination of such a permit, license, or other authorization is pending.

- No
- Yes, and the details are attached to this certification. See instructions.

### Qualified escrow fund statute compliance

6. Has the applicant or any person or affiliate listed in the applicant's response to Part II, Question 3, or Part III, Question 2 or Question 3, ever been the subject of a claim by any state that it has not made adequate or timely escrow deposits as a nonparticipating manufacturer under Conn. Gen. Stat. §4-28i or any comparable statute of another state? Also answer **Yes** if any such claim is pending.

No

Yes, and the details are attached to this certification. See instructions.

7. Has the applicant or any person or affiliate listed in the applicant's response to Part II, Question 3, or Part III, Question 2 or Question 3, ever been involved as an officer, director, or owner of any tobacco manufacturer or affiliate that has ever been the subject of a claim by any state that it has not made adequate or timely escrow deposits as a nonparticipating manufacturer under Conn. Gen. Stat. §4-28i or any comparable statute of another state? Also answer **Yes** if any such claim is pending.

No

Yes, and the details are attached to this certification. See instructions.

8. Has the applicant or any person or affiliate listed in the applicant's response to Part II, Question 3, or Part III, Question 2 or Question 3, ever entered into any agreement or settlement with any state relating to whether it has made adequate or timely escrow deposits as a nonparticipating manufacturer under Conn. Gen. Stat. §4-28i or any comparable statute of another state? Also answer **Yes** if any such agreement or settlement is pending.

No

Yes, and the details are attached to this certification. See instructions.

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### 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 following documents listed in A through C:

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

**Part VIII: NPM Applicant Certification**

For completion by NPMs or their importer(s).

**1. Agent for service of process**

A. NPM

- a. Is the applicant organized under the laws of the State of Connecticut?  Yes  No
- b. Is the applicant a nonresident or foreign NPM that has registered with the Secretary of the State to do business in Connecticut under Title 33 or Title 34 of the Connecticut General Statutes as a foreign corporation or business entity?  Yes  No

If the applicant answered **No** to Questions 1A, a and b above, the applicant must appoint a resident agent for service of process by submitting a completed **Form TPM-4, Notice of Appointment of Registered Agent and Registered Agent's Statement**, to the Attorney General and attach. The applicant must complete the front of Form TPM-4 and the registered agent must complete the back of Form TPM-4.

B. NPM Importer(s)

- a. Is the importer(s) organized under the laws of the State of Connecticut?  Yes  No
- b. Is the importer(s) a nonresident or foreign importer that has registered with the Secretary of the State to do business in Connecticut under Title 33 or Title 34 of the Connecticut General Statutes as a foreign corporation or business entity?  Yes  No

If the NPM importer(s) answered **No** to Questions 1B, a and b above, the NPM importer **must** appoint a resident agent for service of process by submitting a completed Form TPM-4 to the Attorney General and attach a copy with the NPM's TPM-2 filing. The NPM importer **must** complete the front of Form TPM-4.

**2. Qualified escrow fund**

Applicant certifies that as of the date of this certification:

- A. The applicant has established and continues to maintain a qualified escrow fund for the State of Connecticut.  Yes  No
- B. The applicant has executed a qualified escrow agreement that has been submitted to the Attorney General and that governs the qualified escrow fund for the State of Connecticut.  Yes  No
- C. The balance in the escrow account as of January 30, 2016, equals or exceeds the sum of all escrow owed, pursuant to Conn. Gen. Stat. §4-28i, through December 31, 2015.  Yes  No

The NPM must attach a copy of their current escrow agreement.

The NPM must certify satisfaction of all of the requirements referenced above regarding the qualified escrow fund to be eligible for listing in the Connecticut Tobacco Directory.

**3. Qualified escrow fund deposit and withdrawal history for the State of Connecticut**

Indicate whether the withdrawal is of interest only (I) or principal (P).

Date	Deposit	Withdrawal	Balance
		I <input type="checkbox"/> P <input type="checkbox"/>	
		I <input type="checkbox"/> P <input type="checkbox"/>	
		I <input type="checkbox"/> P <input type="checkbox"/>	
		I <input type="checkbox"/> P <input type="checkbox"/>	
		I <input type="checkbox"/> P <input type="checkbox"/>	
		I <input type="checkbox"/> P <input type="checkbox"/>	
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		I <input type="checkbox"/> P <input type="checkbox"/>	
		I <input type="checkbox"/> P <input type="checkbox"/>	
		I <input type="checkbox"/> P <input type="checkbox"/>	

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

**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 the Department of Revenue Services (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 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 St Ste 2  
 Hartford CT 06106-5032

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