STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

# MANUFACTURER'S SALES REPRESENTATIVES' LICENSE APPLICATION FOR CIGARETTE, CIGAR AND TOBACCO PRODUCTS

**L-917**
(Rev. 6/4/99)
4062

1. Applicant's Name _____ Social Security Number

Residence Address _____
Street or RFD City State Zip

Telephone Number _____

Vehicle: Personal ☐ Company ☐

| Make | Model | License Number | State |
|---|---|---|---|
| | | | |

2. Manufacturer's Name _____

Address _____
Street or Box Number City State Zip

**NOTE: This office must be notified of any permanent vehicle change that takes place during the licensing period.**

3. Applicant's Supervisor _____ Telephone Number _____

Address _____
Street or RFD City State Zip

4. List all tobacco products by brands handled by Representative:

_____

_____

5. Location of facilities used to store tobacco products if other than residence:

_____

_____

6. Representative's territory:
   1) Includes State other than S.C. Yes ☐ No ☐
      If Yes, list other States _____
   2) Includes all of S.C. Yes ☐ No ☐
      If No, list all S.C. Counties _____

Have you ever been charged with a violation of any type of tobacco tax? Yes ☐ No ☐
If yes, state nature of violation, date of violation and in which state violation occurred. _____

_____

I, _____ swear (or affirm) that the information contained herein is true and correct to the best of my knowledge and belief.

_____ _____ _____
Signature Title Date

**Notice:** A tobacco license will not be issued to a person with any outstanding state tax liability.

Mail to: South Carolina Department of Revenue, Registration, Columbia, SC 29214-0140.