Schedule A Form TT-1

# A Commonwealth Of Virginia Virginia Department Of Taxation Application for Cigarette Stamping Permit And Tobacco Products Tax Distributor's License Personal Data Form

F	or Office	Use Or	ıly	

- Please read instructions before completing application.
- Schedule A must be completed for any officer, director, manager, sole proprietor, partner, member, stockholder, or any other person possessing an
  ownership interest of 10% or greater in the applicant, who exercises authority or control over the purchase, storage, sale or distribution of cigarettes or
  other tobacco products ("OTP"), or over the compliance with any cigarette or tobacco products tax laws.
- · A completed Schedule A must also be filed within 10 days for any person meeting this criteria after the date of the initial application.
- · After the initial approval, there is a non-refundable \$100 fee for each additional background check.
- Copy form as needed.
- · Please print or type

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Business Name						FEIN	/SSN			
A.	Personal Information									
	First Name	Middle	Name	Last Name		Suffix (Sr, Jr, III)		Maiden Name (If applicable)		
	Date of Birth (MM/DD/YY)	Place of Birt	h (City, State, Country)			Social Security Nu	mber			
	Sex		Check the block for the racial or ethnic group with w			which you identify:				
	☐ <b>White</b> (includes Arabian)				☐ American Indian (includes Alaskans)					
	Home Phone Number  Black (includes Jamaicans, Bahamians and other Caribbeans of African but not Hispanic or Arabian descent)				an	☐ <b>Hispanic</b> (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)				
☐ Asian & Asian American (includes Pakistanis, Indians & Pacific Islanders)										
В.	. Home Address - Must ente	er the phy	sical location. No po	st office boxes ar	e allowed.					
	Number and Street Name									
	City						State		ZIP	
C.	C. Have you been a resident of Virginia continuously for the past 10 years?   Yes  No  If No, attach a list of other states in which you have resided for more than six months and include dates. Also submit a copy of a criminal history record for each such state. Your application will not be processed until all criminal history records are received.									
D.	Relationship to Business						-			
	☐ Sole Proprietor ☐ Partner (									
_	☐ Stockholder (10% or more) ☐ Member (%) ☐ Officer/Board Member									
E.	<ul> <li>Have you ever:</li> <li>owned or controlled, directly or indirectly, 10% or more of the ownership of a business engaged in cigarettes or OTP other than the company listed above; or</li> <li>been an officer, director or partner of a business engaged in cigarettes or OTP other than the company listed above?</li> </ul>									
	☐ Yes ( If Yes, complete below.) ☐ No									
	Name of Other Business						FEIN	FEIN/SSN		
	Address				City, State, ZIP				Dates of Participation	
	Name of Other Business					FEIN/SSN				
	Address	ss			City, State, ZIP		,		Dates of Participation	
	Name of Other Business	,				FEIN/SSN				
Address				City, State, ZIP	City, State, ZIP			Dates of Participation		
Name of Other Business					FEIN	FEIN/SSN				
Address City			City, State, ZIP		,		Dates of Participation			

Business Name					FEIN/SSN					
First N	ame	e Middle Name	Last Name	Suffix (Sr, Jr, III)	SSN					
F.			neous Information  r than the company listed above, have you ever personally applied for or held in an , city or country a license or permit to distribute cigarettes or OTP?				□ Yes □ No			
	2.		were a controlling person* ever a or permit to distribute cigarettes of			☐ Yes ☐	] No			
	3.	If Yes to questions 1 or 2 above	e: The Name of Business							
		Address								
		Date of License or	Permit							
	4.	Have you or any entity in which and/or OTP permit or license d	n you are or were a controlling pe enied, suspended or revoked?	rson* ever had a cigarette		□ Yes □	] No			
	5.	If Yes to 4, provide details:								
	6.	Have you ever been convicted of any other crime or offense or	(including pleas of guilty or no co	ing pleas of guilty or no contest) of any felony or ind except violation of the vehicle and traffic laws?			] No			
	7.	If Yes to 6: Date of Conviction								
	Crime or Offense Involved									
	8.	Are there any arrests, indictme (except for violation of the vehicle)	nts, summonses or proposed adr cle and traffic laws) <b>pending</b> aga	ministrative actions inst you?		□ Yes □	] No			
	9. If Yes to 8: Date of Charges									
Crime or Offense Charged										
	* For purposes of this form, the term controlling person means any person who is an officer, director, or, partner (or, in the case of a limited liability company, an officer, member or a person having, with respect to such limited liability company, authority analogous to that of an officer or directive with respect to a corporation) of an applicant for an agent's or wholesale dealer's license, or if the applicant is a corporation, a shareholded directly or indirectly, owning 10% or more of the number of share of voting stock of such corporation. It also includes persons who do or we exercise authority within the business comparable to the authority normally exercised by corporate officers, regardless of the form of business organization or lack of actual title.									
G.		elease of Information								
	I, the undersigned, do hereby certify that I have not knowingly made a false statement of material fact on this application. If the Department of Taxation issues a license/permit pursuant to this application, I will be bound by all the requirements contained in the license/permit terms and conditions.									
	I understand that untruthful or misleading answers are cause for denial of the application and/or termination of the license/permit. I furlunderstand that whoever knowingly and willfully falsifies, conceals, or misrepresents a material fact or who knowingly or willfully makes a fa fictitious or fraudulent statement or representation in any application for license/permit to the Department of Taxation shall be guilty of a Clasmisdemeanor.						ully makes a false,			
	I authorize the Department of Taxation and/or the Department of State Police to investigate any or all matters set forth in this application pursua 58.1-1021 of the Code of Virginia including but not limited to financial records, financial sources, state tax records and criminal history. I unders that further information may be requested of me in regard to this investigation.									
I waive any rights or causes of action, based upon disclosure of otherwise confidential information, that I may have against the Departm Taxation, the Department of State Police and/or any other individual or agency disclosing or releasing such information to the Department of Ta or the Department of State Police or to the applicant for a cigarette stamping permit or tobacco products distributor's license for which pur this Personal Data Form is submitted.							artment of Taxation			
			Signature		Date					
Must Be Signed in Presence		Be Signed in Presence								
		of Notary	Print Name		Title					
Notary Public Seal				Notary Infor	mation					
			Subscribed and sworn before m	ne this day of	,	20,	in the (City/			
			County)	of the st	ate of					
			Notary Public Signature		Date					
		Virginia Registration Number	Notary Public Name Printed		My Com	nmission Expires				

# Instructions For Form TT-1 Schedule A, Application for Cigarette Stamping Permit And Tobacco Products Tax Distributor's License - Personal Data Form

#### **General Information**

Schedule A **must** be completed for each officer, director, manager, sole proprietor, partner, member, stockholder, or any other person possessing an ownership interest of 10% or greater in the applicant, who exercises authority or control over the purchase, storage, sale or distribution of cigarettes or other tobacco products ("OTP") or over the compliance with any cigarette or tobacco products tax laws.

A completed Schedule A must also be filed within 10 days for any new person meeting this criterion after the permit/license has been issued.

**Note:** The Department of Taxation ("TAX") may require that a person submit fingerprints as part of the background check.

## **Filing Procedure**

A fee of \$600 is required with this application. After the initial approval, there is a non-refundable \$100 fee for each additional background check.

Make your check payable to the Department of Taxation. Mail the completed forms and your check to:

Department of Taxation Tobacco Unit P. O. Box 715 Richmond, VA 23218-0715

# **Change of Responsible Party**

If there is a change of officer, director, manager, sole proprietor, partner, member, stockholder, or any other person possessing an ownership interest of 10% or greater in the applicant, who exercises authority or control over the purchase, storage, sale or distribution of cigarettes or other tobacco products ("OTP") or over the compliance with any cigarette or tobacco products tax laws, a new TT-1 will not be required unless other information required on the Form TT-1 has changed. However, if a new person meets the criterion listed above, a Schedule A must be completed for that person.

#### **Ouestions**

Call (804) 371-0730 or write the Virginia Department of Taxation, Tobacco Unit, P.O. Box 715, Richmond, VA 23218-0715. You can obtain most Virginia tax forms from TAX's website www.tax.virginia.gov or by calling the TAX's Forms Request Unit at (804) 367-8037.

### **Schedule A Instructions**

- Personal Data Forms may be submitted separately from the application for registration.
- Copy form as needed.
- Sections not specifically mentioned are selfexplanatory.

#### Section A

Enter the exact legal name and federal employer identification number (FEIN) as listed on the application for license.

#### Section B

Enter your physical home address. Do not use a P. O. Box.

#### **Section E**

If you answer "Yes" to this question, complete all of the required boxes for each entity.

Attach additional sheets if necessary.