



(Rev. 03/06)

# Form TPM-2

## Certification for Listing in the Connecticut Tobacco Directory as of July 1, 2006

**Note:** 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 (to be Completed 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: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Web site 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.)

Please attach a photograph or diagram of the manufacturing (meaning 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. Applicant is the manufacturer (meaning fabricator) of the brands 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. 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 (meaning 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. Applicant is a successor of an entity described in Question 3 or 4 above (meaning manufacturer or first importer).

Yes  No

6. If applicant answered **No** to Questions 3, 4, and 5 above, explain the basis for the applicant's claim that it is a tobacco product manufacturer, as defined in Conn. Gen. Stat. §4-28h, and submit all documentation to support the applicant's claim. Attach additional sheet(s), as necessary, to provide a complete response.

---

---

---

---

---

---

---

---

7. Has there been, since January 1, 2005, a change in manufacturer (meaning fabricator) of one or more of the brand families listed in this application form?

Yes  No

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

Brand Families	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 applicant is not the holder of a DRS cigarette manufacturer's license that will expire on September 30, 2006, has applicant applied for a DRS cigarette manufacturer's license expiring on said 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: \_\_\_\_\_  
and/or U.S. Treasury, Tobacco Tax Bureau (TTB) Permit Number as an importer: \_\_\_\_\_  
Attach a copy of the applicant's current permit as a manufacturer or importer under 26 USC §§5701 to 5763, inclusive, and regulations issued under 26 USC §§5701 to 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 any written contract or agreement, or both.



### Part III: Additional Business Information (to be Completed by NPMs only)

1. **Organizational documents to be attached. See Instructions for list of documents required by this question.**

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 and FAX Number			
Date and Place of Birth			
E-mail 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 needed, to provide a complete response.

3. **Affiliates (see Instructions for further information)**

Brand Family	Affiliate Name	Type of Business	Affiliate Street Address

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. Applicant sold cigarettes to consumers within Connecticut, whether directly or through a distributor, dealer, or similar intermediary or intermediaries, during calendar year 2005.  Yes  No
- B. Applicant made escrow deposits under Conn. Gen. Stat. §4-28i for cigarettes sold during calendar year 2005 to consumers within Connecticut, whether directly or through a distributor, dealer, or similar intermediary or intermediaries.  Yes  No
- C. Applicant advertises or 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 (to be Completed 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, 2005, have been reclassified as cigarettes or as RYO by a federal agency or by a state or local government.

Brand 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, 2005, 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 (to be Completed by NPMs only)**

**1. Manufacturer(s)**

For each brand family, list the name and address of the manufacturer(s) (meaning 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 into the United States. For each brand, 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. Web sites: \_\_\_\_\_  
\_\_\_\_\_

B. Physical address: \_\_\_\_\_  
\_\_\_\_\_

C. Total direct delivery sales to consumers within Connecticut during calendar year 2005: \_\_\_\_\_  
\_\_\_\_\_

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 (to be Completed 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 or 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 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**

**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 (to be Completed 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 (to be Completed 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: \_\_\_\_\_

E-mail 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**