

DEPARTMENT OF THE TREASURY
BUREAU OF ALCOHOL, TOBACCO AND FIREARMS
APPLICATION FOR PERMIT UNDER 26 U.S.C. CHAPTER 52
IMPORTER OF TOBACCO PRODUCTS

ATF USE ONLY
 PERMIT NUMBER AND DATE

(Please type or print. Read instructions)

1. FULL NAME OF APPLICANT AND PREMISES ADDRESS <i>(Read instruction 6)</i>	2. EMPLOYER IDENTIFICATION NUMBER
	3a. DAYTIME TELEPHONE NUMBER <i>(Including area code)</i>
4. MAILING ADDRESS <i>(IF DIFFERENT FROM ABOVE)</i> <i>(Enter full address of principal office of a corporation or association.)</i>	3b. E-MAIL ADDRESS <i>(optional)</i>
5. CORPORATE, PARTNERSHIP OR ASSOCIATION DOCUMENTS ARE <i>(see instruction 7 and check appropriate box)</i>	
<input type="checkbox"/> INCLUDED WITH THIS APPLICATION. <input type="checkbox"/> NOT INCLUDED WITH THIS APPLICATION BECAUSE <i>(state reason)</i>	
6. TRADE NAME(S) UNDER WHICH BUSINESS IS TO BE CONDUCTED <i>(If State, county, municipal law requires trade name registration, a true copy of the document showing registration must accompany this application. If registration is not required, so state in this application or in an accompanying certificate submitted in two copies.)</i>	
a. OPERATING NAME (DBA), IF ANY	b. OTHER TRADE NAME(S), IF ANY
7. REASON FOR APPLICATION <i>(Check one box and provide any additional information requested.)</i>	
<input type="checkbox"/> a. APPLICANT IS STARTING A NEW BUSINESS OF IMPORTING TOBACCO PRODUCTS.	
<input type="checkbox"/> b. RENEWAL OF PERMIT.	
<input type="checkbox"/> c. APPLICANT INTENDS TO ACQUIRE OR HAS ACQUIRED THE BUSINESS OF ANOTHER PERSON WHO IS ENGAGED IN THE BUSINESS OF IMPORTING TOBACCO PRODUCTS.	
(1) DATE BUSINESS WAS ACQUIRED OR WILL BE ACQUIRED <i>(month, day, year)</i>	(2) NAME, ADDRESS, AND PERMIT NUMBER OF THE ACQUIRED BUSINESS
<input type="checkbox"/> d. BECAUSE OF AN ACTUAL OR LEGAL CHANGE IN CONTROL, APPLICANT'S PERMIT <i>(attached to this application)</i> WILL TERMINATE WITHOUT THIS APPLICATION OR HAS TERMINATED. STATE DATE OF CHANGE IN CONTROL <i>(month, day, year)</i> _____	
8. IS THE APPLICANT ACTUALLY OR LEGALLY CONTROLLED BY PERSONS NOT IDENTIFIED IN ITEM 13 OF THIS APPLICATION? <i>(Check your answer.)</i>	
<input type="checkbox"/> YES. Applicant will state the extent and manner of the control and identify the persons with the same information as item 13. <input type="checkbox"/> NO.	
9. HAS THE APPLICANT OR ANY PERSON LISTED IN ITEMS 8 OR 13 OF THIS APPLICATION, EVER BEEN DENIED A PERMIT, LICENSE, OR OTHER AUTHORIZATION TO ENGAGE IN ANY BUSINESS TO MANUFACTURE, EXPORT, OR IMPORT TOBACCO PRODUCTS BY ANY GOVERNMENT <i>(Federal, State, local, or foreign)</i> AGENCY, OR HAD SUCH PERMIT, LICENSE, OR OTHER AUTHORIZATION REVOKED, SUSPENDED OR OTHERWISE TERMINATED? <i>(Check your answer)</i>	
<input type="checkbox"/> YES. Applicant will state the details and reasons for each event involving the applicant or other person. <input type="checkbox"/> NO.	
10. DOES THE APPLICANT <i>(INCLUDING ANY OFFICERS, DIRECTORS, OR PARTNERS)</i> HAVE THE BUSINESS EXPERIENCE, TRADE CONNECTIONS, AND FINANCIAL STANDING TO START THE BUSINESS FOR WHICH THIS APPLICATION IS MADE WITHIN A REASONABLE PERIOD AND TO CONFORM TO FEDERAL LAW? <i>(Check your answer)</i>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
11. DOES THE BUSINESS FOR WHICH THIS APPLICATION IS MADE VIOLATE THE LAW OF THE STATE IN WHICH THE BUSINESS WILL BE CONDUCTED? <i>(Check your answer)</i>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
12. HAS THE APPLICANT OR ANY PERSON LISTED IN ITEMS 8 OR 13 EVER BEEN ARRESTED, CHARGED WITH, OR CONVICTED OF ANY VIOLATION OR CRIME UNDER FEDERAL, STATE OR FOREIGN LAWS OTHER THAN A MISDEMEANOR TRAFFIC VIOLATION OR CONVICTION? <i>(Check your answer)</i>	
<input type="checkbox"/> YES <i>(Applicant will attach details for each event.)</i> <input type="checkbox"/> NO	

13. PERSONS INVOLVED OR WHO HAVE FINANCIAL INTEREST IN APPLICANT'S BUSINESS. (Read instruction 8)

a. FULL GIVEN NAME (No initials)		b. OTHER NAMES USED (Include maiden and married)	
c. SOCIAL SECURITY NUMBER	d. BIRTH DATE (Month, day, year)	e. PLACE OF BIRTH (City/town, State or foreign country)	
f. EMPLOYER IDENTIFICATION NUMBER (If business)		g. ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	h. NUMBER AND TYPE OF SHARES HELD (If person holds more than 10 percent)
i. RELATIONSHIP WITH APPLICANT'S BUSINESS		j. INVESTMENT IN APPLICANT'S PERMIT BUSINESS (If more than 10 percent of capital)	
k. RESIDENCE OR PRINCIPAL PLACES OF BUSINESS DURING THE PAST 5 YEARS (Include both if individual operated any business at a location other than residence.)		(1) CURRENT \$	(3) SOURCE(S). Identify the person's name and address from whom the investment comes and specify why the investment is available (examples, savings, loan, gift.)
		(2) ANTICIPATED \$	

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c. SOCIAL SECURITY NUMBER	d. BIRTH DATE (Month, day, year)	e. PLACE OF BIRTH (City/town, State or foreign country)	
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		(2) ANTICIPATED \$	

14. ADDITIONAL INFORMATION. ATF may require additional evidence necessary to verify this application.

15. **APPLICANT'S AFFIRMATION.** Under penalties of perjury, I declare that I have examined this application, including accompanying statements, and to the best of my knowledge and belief, it is true, correct and complete. In addition, if this application is approved, the applicant will conduct operations within a reasonable period of time and maintain such operations in conformity with Federal law. After filing and until final action is taken on this application, the applicant will immediately notify the ATF official with whom this application is filed of any change in officers, directors, or persons holding more than 10 percent of the stock of a corporation or other business organization.

16. APPLICANT'S SIGNATURE (Read instruction 9)	17. TITLE OF PERSON SIGNING	18. DATE
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GENERAL INSTRUCTIONS FOR ATF F 5230.4

1. **GENERAL.** File this application if you want a permit or are renewing your permit to engage in the business of importing tobacco products. Neither the filing of this application nor its approval allows a business to violate State or local laws, such as registration of trade names and licensing requirements.

2. **COMPLETING AND FILING THIS APPLICATION.** Complete all items. Write "not applicable" or a similar phrase in any item which requests information not pertinent to your business. If you need additional room, use a separate sheet. Put your name, date of application and the item number(s) on each separate sheet. File two copies of this form and any attachments with:

**ATF National Revenue Center
8002 Federal Office Building, 550 Main Street
Cincinnati, Ohio 45202-3263**

Contact this office at 800-398-2282 or 513-684-3337 if you have questions or need additional information about this application.

3. **INFORMATION TO FILE.** This application may ask for information that you have already filed with ATF. You may reference such information if you filed it with a valid ATF permit or an application that is pending with ATF. Reference the appropriate item(s) of this application. Include the name of the applicant or the permittee, and the ATF permit number or the type and date of the application.

4. **OPERATIONS WITHOUT A PERMIT.** In general, criminal or administrative actions may be taken against persons importing tobacco products without a permit. The exception to this rule is when a change in control occurs because of the issuance, sale or transfer of the stock of a corporation. When the identity of the principal stockholders exercising actual or legal control of a corporation, a change in control occurs. In such case, the permittee must file an application within 30 days after the change; otherwise, the permit is automatically terminated.

5. **APPROVAL.** If ATF approves your application, we will send you the permit and a copy of your application.

SPECIFIC INSTRUCTIONS

6. **ITEM 3** - Enter the full name of the individual if a sole owner; if a partnership, the full name of all partners, if a limited partnership, the full name of the general partner; if a corporation, association or limited liability company, the corporate or actual name. Include the number, street, city, State and zip code. If the street address does not identify the location, give additional information with the distance and location from the nearest public road, intersection, or other landmark.

7. **ITEM 5** - A corporation (including limited liability company) must submit (1) true copy of corporate charter or certificate of corporate existence or incorporation from the State in which incorporated and (2) extracts of stockholders' meetings, bylaws, or directors' meetings that list officers that the applicant has authorized to sign documents or to act for the corporation. A partnership or association must submit a true copy of articles or certificate of partnership or association where State or local law requires. If not required by State or local law, state this fact in item 5.

8. **ITEM 13** - Supply the information for any person, including an individual who, or a business which, is or will be a (an): sole proprietor (individual owner); partner (including limited, active, or silent) state whether the partner is an active or inactive partner and whether the partner's involvement is silent or limited; officer or director of a corporation or similar responsible positions for any other type of

business organization, such as associations or limited liability companies; investor who provides more than 10 percent of the capital required for the permit business; stockholder who owns more than 10 percent of the issued voting shares of the applicant (for example, applicant is a corporation or other business organization that issues stock). Do not include voting stock owned by the applicant, such as "treasury" or unissued stock in the percent calculation.

9. **ITEM 16** - If the applicant is an individual, the individual must sign. If the applicant is a corporation, the president, vice president, or other principal officer must sign. If the applicant is a partnership or other unincorporated organization, all partners or a responsible and authorized member or officer having the knowledge of its affairs shall sign. If the applicant is a trust or estate, the fiduciary must sign. If an agent of the applicant signs, file an acceptable power of attorney (for example, ATF F 5000.8) with this application.

PRIVACY ACT INFORMATION

The following information is provided pursuant to Section 3 and 7(b) of the Privacy Act of 1974.

1. **AUTHORITY.** Solicitation of information on ATF F 5230.4 is made pursuant to 27 U.S.C. Section 204(c). Disclosure of this information by the applicant is mandatory if the applicant wishes to obtain a permit under the Internal Revenue Code.

2. **PURPOSES.** To identify the applicant; the location of the premises; and to determine the eligibility of the applicant to obtain an IRC permit.

3. **ROUTINE USES.** The information will be used by ATF to make determinations set forth in paragraph 2 above. Where such disclosure is not prohibited, ATF officers may disclose this information to other Federal, State, foreign and local law enforcement and regulatory agency personnel to verify information on the application and for enforcement of the laws of such other agency. The information may be disclosed to the Justice Department if the application appears to be false or misleading. ATF officers may disclose the information to individuals to verify information on the application where such disclosure is not prohibited.

4. **EFFECTS OF NOT SUPPLYING INFORMATION REQUESTED.** ATF may delay or deny the issuance of the Internal Revenue Code permit where information is not complete or missing.

5. **DISCLOSURE OF SOCIAL SECURITY NUMBER.** You do not have to supply the social security number of an individual. The social security number is used to identify an individual. If you do not supply the number, your application may be delayed.

PAPERWORK REDUCTION ACT NOTICE

This request is in accordance with the Paperwork Reduction Act of 1995. The information is used to determine the eligibility of the applicant to engage in certain operations, to determine location and extent of operations, and to determine whether the operations will be in conformity with Federal laws and regulations. The information requested is required to obtain or retain a benefit and is mandatory by statute (26 U.S.C. 5712).

The estimated average burden associated with this collection of information is 2 hours per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be addressed to the Reports Management Officer, Document Services Branch, Bureau of Alcohol, Tobacco and Firearms, Washington, DC 20226.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.