



Application for Registration of Retail Dealers and Vending Machines for Sales of Cigarettes and Tobacco Products

DTF-716

(7/16)

C17

Note: To receive your certificate(s) faster, apply online at www.licensecenter.ny.gov. For more information, see Form DTF-716-I, *Instructions for Form DTF-716*.

Use this form to register for all or any portion of the period from January 1, 2017, through December 31, 2017.

Print or type	Legal name of business	Date
	DBA/trade name	Sales tax vendor identification number
	Mailing address: c/o (name)	Business telephone number ()
	Number and street or PO Box	
	City, state, ZIP code	

See instructions before completing this form.

You must be registered for New York State sales tax if you are selling cigarettes or tobacco products at retail.

Mark an **X** in the box that applies: Registered sales tax vendor Form DTF-17, *Application to Register for a Sales Tax Certificate of Authority* (Confirmation number _____)

Mark an **X** in the box that applies: New applicant Registering additional locations or vending machines

Mark an **X** in the box(es) that describes how the cigarettes or tobacco products are sold at retail:

Retail locations Merchandising devices Cart(s) Truck(s)
 Vending machines (mark as applicable): Stand(s) Other (describe) _____

1. Date you began or will begin business in New York State: 2. Date you began or will begin selling cigarettes or other tobacco products at retail or through vending machines in New York State:

3. Type of organization (mark an **X** in the box that applies): Individual Trust Partnership
 Corporation Governmental Exempt organization Other (specify): _____

	A Number of certificates	B Cost of each	C Amount due (A × B)	D Code
4. Certificates of registration (from Part A; see instructions) ...		\$300	\$	7030
5. Vending machine registration certificates (from Part B; see instructions)		\$100	\$	7040
6. Total amount due (add lines 4 and 5, column C)			\$	

- Attach check or money order for the amount on line 6, payable in U.S. funds to **New York State Sales Tax**.
- Write your sales tax vendor identification number, **DTF-716**, and the year for which you are registering on the front of your check or money order.
- Mail your application and remittance to: **NYS TAX DEPARTMENT
PO BOX 15175
ALBANY NY 12212-5175**

Do not mail this application with your sales tax return.

Title		<i>For office use only</i>
Print name of applicant	Telephone number ()	
Signature of applicant	Date	

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Part A – Certificates of registration for retail operations (\$300 each)

In columns A and B, list the business name and address for each of your business locations registered for sales tax through which you are or will be making retail sales of cigarettes or tobacco products. For business name, enter trade name, DBA (doing business as) name, or assumed name if different from your legal name. In column C, indicate the date you began or will begin selling these products at each location. Attach additional sheets if needed.

A Business name	B Business address	C Date to begin selling cig./tob. products
1. _____ _____	1. _____ _____	1. _____ _____
2. _____ _____	2. _____ _____	2. _____ _____
3. _____ _____	3. _____ _____	3. _____ _____
4. _____ _____	4. _____ _____	4. _____ _____
5. _____ _____	5. _____ _____	5. _____ _____

Total number of certificates of registration required (enter this total on the front page, line 4, column A).....

Part B – Vending machine registration certificates (\$100 each)

In columns A through C, enter the business name and address where each of your vending machines is located, and each machine's serial number. If you have several machines at one location, enter the address only once, but list the serial numbers of every machine at the location. Attach additional sheets if needed.

A Business name	B Address where vending machine is located <i>(report each machine separately in column C)</i>	C Serial number of each vending machine
1. _____ _____	1. _____ _____	1. _____ _____
2. _____ _____	2. _____ _____	2. _____ _____
3. _____ _____	3. _____ _____	3. _____ _____
4. _____ _____	4. _____ _____	4. _____ _____
5. _____ _____	5. _____ _____	5. _____ _____

Total number of vending machine registration certificates required (enter this total on page 1, line 5, column A)

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