

COMANCHE NATION TAX COMMISSION
P.O. BOX 1917, 1915 EAST GORE BLVD.
LAWTON, OK 73502
MARCH 12, 2012
FORM 8000R

APPLICATION FOR WHOLESALE TOBACCO LICENSE

PLEASE TYPE OR PRINT

 Name of Owner (Area Code) Phone No.

 Name under which business will be operated (Area Code) Phone No.

 Business Address, Street or Rural Route City State Zip Code

Mailing Address HOME ADDRESS **E-MAIL ADDRESS FAX #**

PLEASE ANSWER QUESTIONS FULLY:
 1. The above business is located in what County? _____
 What tribal jurisdiction is this business located within _____
 Please provide legal description of your business location: _____

2. Do you operate at two or more business locations in Oklahoma? _____
 If answer is yes, list all units on the reverse side and answer the following:
 a) Will you file a State Sales Tax return for each location? Yes ___ No ___
 b) A consolidated return for all locations? Yes ___ No ___

3. Have you previously been issued a State Of Oklahoma or Comanche Tobacco License or Number? If so give:

Name Operated Under Address Tax/Registration Number
HAVE YOU EVER BEEN CONVICTED OF A FELONY WITHIN THE LAST TEN YEARS _____
HAVE YOU EVER HAD A REVOCATION/CANCELLATION OF A TOBACCO LICENSE? _____
WHAT JURISDICTION _____ **WHEN** _____
DO YOU HAVE A STATE OF OKLAHOMA TOBACCO LICENSE? _____ **NUMBER** _____

4. Indicate in proper space the type of ownership. Individual ___ Partnership ___ Corporation ___ Other ___
 (If a Corporation, a sales tax registration will not be issued until Articles of Incorporation have been filed with Secretary, Comanche Tribe, P.O. Box 908, Lawton, OK 73502). All others must provide proof of ownership.

NOTE: Enter the Appropriate Date: Comanche Tribe Corp., Date Corporate Charter Granted ___/___/___
 Foreign Corp. - Date Domesticated in Oklahoma ___/___/___

Full name of partners or Officers of Corporation	Address	If partnership what interest?
_____	_____	_____
_____	_____	_____

5. What kind of business do you operate? _____
 Grocery, hardware, drug store, etc.

5a. When is license to become effective? _____

6. When did you begin business at this location? _____

For Office Use Only
_____ License No. Issued
Application Approved _____
Application Rejected _____
Date License Issued _____
Check # _____

_____ Tax Commission Staff Signature

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- 7. If this is not a new business, please advise the firm name or owner of the firm, or person whom you succeeded:
 - a) Firm Name _____ License No. _____
 - b) Name of Owner _____
- 8. Do you maintain an inventory for resale? Yes ___ No ___
- 9. Do you sell cigarettes or tobacco? _____
- 10. Do you sell at retail, wholesale, or both? _____
- 11. Address at which books and records are kept: _____

INSTRUCTIONS:

- 1. **Sales Tax Reports (non tobacco products) are due each WEEK, Monday through Sunday, and are delinquent after the 3RD CALENDAR DAY AFTER THE END OF EACH CALENDAR WORK WEEK.**
- 3. **Every wholesaler/retailer shall submit MONTHLY reports to the Comanche Nation Tax Commission, disclosing opening and closing inventories of unstamped tobacco, stamped tobacco, tobacco stamps, purchases of tobacco, invoice number, name and address of seller, date, amount of each type of tobacco purchased. The same procedure shall apply to resale of tobacco products.**
- 4. **The owners will mail or fax a copy of the weekly wholesaler order forms, to the Comanche Nation Tax Commission that will be due each Friday.**
- 5. **The owners will submit to the wholesaler two separate order forms i.e. one form for cigarettes & one for other tobacco products.**
- 6. **If the owners receive a summons to appear in any court, you are to notify the Comanche Nation Tax Commission immediately, and provide the tax commission with a copy of the court document.**
- 7. **The following documentation must be submitted in full before a license is issued. (If Applicable)**
 - a. **CDIB**
 - b. **LEGAL DESCRIPTION OF LAND**
 - c. **COMANCHE JURISDICTION DOCUMENT**
 - d. **COPY OF AGREEMENTS WITH ALL PARTIES INVOLVED AND PERCENTAGE OF PROFIT RECEIVED.**
 - e. **COPY OF BIA APPROVED LEASE/CONTRACT FOR PROPERTY ON WHICH THE SMOKE SHOP IS LOCATED.**
 - f. **PHOTO I.D. AND SOCIAL SECURITY CARD.**

Sole Proprietorship- Owner must sign application.

Partnership - All partners must sign application.

Corporation - List all officers and have the signature of one corporate officer on application.

Joint Venture - Authorized signatures of all persons and one officer of Corporation organizing joint venture.

ALL VENDOR & LICENSEE HEREIN AGREE:

Applicant hereby expressly stipulates to the jurisdiction of the Court of Indian Offenses (or Tribal Court once established) for the resolution of disputes arising hereunder.

IMPROPERLY SIGNED OR INCOMPLETE APPLICATIONS WILL BE RETURNED FOR CORRECTION.

This application submitted on behalf of _____ has been examined by me, and under penalty of law, I hereby affirm, that to the best of my information, knowledge and belief, it is a true and accurate, and complete application.

I will comply with the provisions of the Comanche/Oklahoma Tobacco Tax Compact in conducting business as a licensee for the mutual benefit of the Comanche Nation and the State of Oklahoma.

I WILL RETURN MY LICENSE TO THE COMANCHE NATION TAX EXECUTIVE DIRECTOR IMMEDIATELY IF I SELL THE ABOVE CITED SMOKE SHOP. I UNDERSTAND MY LICENSE IS NOT TRANSFERABLE TO ANYONE.

Signature	Title	Date
Printed Signature		
Signature	Title	Date
Printed Signature		

NOTARY PUBLIC CERTIFICATION _____ (SEAL)
DATE _____ NOTARY EXPIRATION DATE _____

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