

Tobacco Tax Department  
1150 Government Street #112  
Mobile, AL 36604

## Application for Purchase of Tobacco Tax Stamps and OTP Remittance

(Please type or print)

Application Date \_\_\_\_\_

|                                                                                               |                                   |
|-----------------------------------------------------------------------------------------------|-----------------------------------|
| Business Legal Name                                                                           | Doing Business As (D/B/A)         |
| Business Physical Address                                                                     | Business Mailing Address          |
| Business Owner or Corp. President                                                             | Business Phone Number             |
| Business Start Date                                                                           | Tax ID Number                     |
| State of Alabama License (attach copy)                                                        |                                   |
| Person responsible for Purchasing                                                             | Phone number and e-mail           |
| Store Manager/Contact Person                                                                  | Phone number and e-mail           |
| Person responsible for preparing monthly Stamp Inventory and OTP Reports. (MCTT-10 & MCTT-11) | Preparers phone number and e-mail |