



STATE OF NEW JERSEY
DIVISION OF REVENUE AND ENTERPRISE SERVICES

CM-100 Cigarette License Application
Retail Over-the-Counter
Vending Machine
Manufacturer Representative License

Send completed application to:

Division of Revenue and Enterprise Services
PO Box 252
Trenton, NJ 08646-0252

ENCLOSE FEE WITH APPLICATION

Cigarette License Type (period April 1, 2025 – March 31, 2026)	License Fee	Amount Due
<input type="checkbox"/> Cigarette Retail Dealer(s) Over-the-Counter License <i>Complete sections A & B below</i>	\$50.00	\$
<input type="checkbox"/> Cigarette Vending Machine License <i>Complete sections A & C below</i>	\$50.00 per machine	\$
<input type="checkbox"/> Cigarette Manufacturer Representative License <i>Complete sections A & D below</i>	\$5.00 per representative	\$

Section A – Licensee Information

Taxpayer Name/Business Name		Start date for business in New Jersey / /
-----------------------------	--	--

Trade Name	New Jersey Tax Identification Number - /	Social Security Number (individuals) - -
------------	---	---

Business Address	Mailing Address <input type="checkbox"/> Same as Business Address

Business Type (check appropriate box)	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship	All Corporation's, LLC's and LLP's enter the State of Incorporation
--	--	--

Contact Name:	Phone Number: - -
---------------	-------------------

E-Mail Address:	
-----------------	--

OWNERS' INFORMATION (attach list if needed)

Name	Home Address
Social Security Number - -	Title

Section B – Retail Over-the-Counter License (provide information about those from whom you purchase cigarettes – attach list if needed)

Supplier(s) Name	Supplier(s) Address
Supplier Phone Number - -	

Section C – Vending Machine License (provide information about the machines you will operate – attach list if needed)

Supplier(s) Name	Address where machine is located
Supplier(s) Phone Number - -	

Section D – Manufacturer Representative License (provide information about the company you represent – attach list if needed)

Company(s) Name	Supplier(s) Address
New Jersey Tax Identification Number - - /	

Enter the total fee below for the license(s) you are requesting. Then sign the application and print your name, title and today's date. By signing you affirm that all information is complete and accurate.

Mail this application together with a payment for the total fee amount below. Please make your check or money order payable to "Treasurer, State of NJ."

Total Fee Enclosed: \$	Authorized Signature	Date
	Print Name	Title