



# Form TPM-2

## Certification for Listing in the Connecticut Directory as of July 1, 2005

(Rev. 03/05)

Initial       Supplemental

### Part I: General Business and Ownership Information

#### 1. Applicant Tobacco Product Manufacturer Identification

▶ Applicant: \_\_\_\_\_

Street address: \_\_\_\_\_

▶ Mailing address (if different from above): \_\_\_\_\_

Telephone number: \_\_\_\_\_ Facsimile (FAX) number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Web site address: \_\_\_\_\_

Name and title of person completing certification: \_\_\_\_\_

Manufacturing plant(s) name and street address (if different from above): \_\_\_\_\_

Manufacturing plant telephone number: \_\_\_\_\_

Manufacturing plant FAX number: \_\_\_\_\_

Name, title, and telephone number of person at plant if different from above: \_\_\_\_\_  
(Attach additional sheet(s), as necessary, to provide a complete response.)

Please attach a photograph or diagram of the manufacturing (meaning fabricating) facility and indicate on the photograph or diagram where the equipment and facilities for manufacturing the cigarettes, if any, are located.

#### 2. The undersigned certifies that, as of the date of this certification, the applicant named above is: (initial one)

\_\_\_\_\_ Participating Manufacturer (PM). (If the applicant is a PM, skip the remainder of Part I and go directly to Part II.)

\_\_\_\_\_ Nonparticipating Manufacturer (NPM) in full compliance with Conn. Gen. Stat. §4-28i and implementing regulations, including having made all required deposits into a Qualified Escrow Fund for all the years beginning with calendar year 2000.

#### 3. Applicant is the manufacturer (meaning fabricator) of the brands listed in this certification which are intended to be sold in the United States, including cigarettes intended to be sold in the United States through an importer.

▶  Yes     No

4. Applicant is the first purchaser anywhere for the resale in the United States of cigarettes manufactured anywhere that the manufacturer does not intend to be sold in the United States.

▶  Yes  No

If the answer is Yes, identify each cigarette manufacturer (meaning fabricator), the plant street address, mailing address, contact person, telephone and fax numbers, and the relationship to the applicant. Identify the location of the transfer of the ownership of the cigarettes and a copy of every agreement or contract between the applicant and the manufacturer. Attach additional sheet(s), as necessary, to provide a complete response.

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5. Applicant is a successor of an entity described in Question 3 or 4 above (meaning manufacturer or first importer).

Yes  No

6. If applicant answered No to Questions 3, 4, and 5 above, explain the basis for the applicant's claim that it is a tobacco product manufacturer, as defined in Conn. Gen. Stat. §4-28h, and submit all documentation to support the applicant's claim. Attach additional sheet(s), as necessary, to provide a complete response.

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**7. Licenses and Permits**

A. Connecticut Department of Revenue Services (DRS) Cigarette Manufacturer's License Number: \_\_\_\_\_  
Please list any additional licenses obtained from DRS and their numbers: \_\_\_\_\_  
Attach copies of all current and valid licenses from the DRS.

B. U.S. Treasury, Tobacco Tax Bureau (TTB) Permit Number as a manufacturer: \_\_\_\_\_  
and/or U.S. Treasury, Tobacco Tax Bureau (TTB) Permit Number as an importer: \_\_\_\_\_  
Attach a copy of the applicant's current permit as a manufacturer or importer under 26 USC §§5701 to 5763, inclusive, and regulations issued under 26 USC §§5701 to 5763.

## Part II: Brand Family Identification

### 1. Brand Family Identification

PMs complete Column A. NPMs complete Columns A through C. Attach samples of the actual packaging and labeling for each brand of cigarettes the applicant seeks to have included in the Connecticut Directory.

*	A. Brand Families Sought to be Included in the Connecticut Directory	B. Units Sold to Consumers Within Connecticut During Calendar Year 2004	C. Manufacturer of Brands Listed (Include Complete Address Information.)
▶			
▶			
▶			
▶			
▶			
▶			

Attach additional sheet(s), as necessary, to provide a complete response.

### 2. Trademark Holder(s)

If the applicant is a PM, it may skip Question 2 and go directly to Declaration, Acknowledgement, and Signature, on Page 10.

If the applicant is a NPM, provide the name, address, and phone number of the trademark holder(s) of each brand listed above.

Brand	Trademark Holder and Contact Person	Physical Address	Phone

Attach additional sheet(s), as necessary, to provide a complete response.

## Part III: Additional Business Information

### 1. Organizational documents to be attached. See Instructions for list of documents required by this question.

### 2. Officers and Owners of Applicant

Complete the table by listing all officers and owners of the applicant. (An owner is any person with an equity interest of 10% or more in the applicant.) Attach additional sheet(s), as needed, to provide a complete response.

Check the Appropriate Title	<input type="checkbox"/> President <input type="checkbox"/> Partner <input type="checkbox"/> Other _____	<input type="checkbox"/> President <input type="checkbox"/> Partner <input type="checkbox"/> Other _____	<input type="checkbox"/> President <input type="checkbox"/> Partner <input type="checkbox"/> Other _____
Full Name (First, Middle, Last)			
Street Address			
Telephone Number FAX Number			
Date and Place of Birth			
E-mail Address			

**3. Affiliates (see Instructions for further information)**

Brand Family	Affiliate Name	Type of Business	Affiliate Street Address

Attach additional sheet(s), as necessary, to provide a complete response.

**4. Applicant Information**

Please indicate whether the following statements describe the applicant by checking either Yes or No after the statement.

- A. Applicant sold cigarettes to consumers within Connecticut, whether directly or through a distributor, dealer, or similar intermediary or intermediaries, during calendar year 2004.  Yes  No
- B. Applicant made escrow deposits under Conn. Gen. Stat. §4-28i during calendar year 2004.  Yes  No
- C. Applicant sold one or more of the brand families listed in this certification to consumers within Connecticut, whether directly or through a distributor, dealer, or similar intermediary or intermediaries, during calendar year 2004.  Yes  No
- D. Applicant made escrow deposits during calendar year 2004 under Conn. Gen. Stat. §4-28i for one or more of the brand families listed in this certification.  Yes  No
- E. There has been a change in manufacturer (meaning fabricator) of one or more of the brand families listed in this certification during calendar year 2004.  Yes  No
- F. Applicant advertises or sells cigarettes over the internet or in catalogs and uses the mail or other delivery service to deliver cigarettes to consumers within Connecticut.  Yes  No
- G. Applicant has on one or more occasions since July 1, 2000, failed to timely comply with the escrow deposit requirements of Conn. Gen. Stat. §4-28i.  Yes  No
- H. Applicant is enjoined or banned from selling any cigarettes by court order or by state or federal agency ruling or determination.  Yes  No
- I. A brand family formerly sold by the applicant or a brand family that the applicant intends to sell is enjoined from sale by a state court or state agency or by a federal court.  Yes  No
- J. A state or federal court has entered a judgment finding the applicant engaged in an unfair business practice or unfair competition relating to the sale of tobacco products.  Yes  No
- K. Applicant has on one or more occasions since July 1, 2000, failed to timely comply with the certification requirements of Conn. Gen. Stat. §4-28j.  Yes  No

## Part IV: Marketing and Distribution Information

### 1. Tobacco Products Reclassified as Cigarettes or Roll-Your-Own (RYO) Tobacco

List all tobacco products sold by the applicant reclassified during calendar year 2004 as cigarettes or as RYO by a federal agency or by a state or local government.

Brand Name of Reclassified Tobacco Product	Name of Federal, State, or Local Governmental Entity That Reclassified the Tobacco Product as a Cigarette or RYO Tobacco	Government Entity's Street Address	Date of Reclassification

Attach additional sheet(s), as necessary, to provide a complete response.

### 2. Distributors

For each brand of cigarettes the applicant intends to sell, list the name and address of every cigarette distributor licensed by DRS that purchased or handled 10% or more of the applicant's gross cigarette sales in Connecticut during calendar year 2004. For each brand of RYO tobacco the applicant intends to sell, list the name and address of every distributor who purchased or handled 10% or more of the applicant's gross RYO tobacco sales in Connecticut during calendar year 2004.

Brand Family	Distributor	Physical Address	Phone Number

Attach additional sheet(s), as necessary, to provide a complete response.

### 3. Agreements With Participating Manufacturers (see Instructions)

Brand Family	Participating Manufacturer	Physical Address	Phone Number

Nature of agreement(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Attach additional sheet(s), as necessary, to provide a complete response. Attach a copy of any written contract or agreement, or both.

**4. Agreements Regarding Compliance With MSA (see Instructions)**

Brand Family	Name	Physical Address

Attach additional sheet(s), as necessary, to provide a complete response. Attach a copy of each written agreement.

**5. Agreements Regarding Compliance With Conn. Gen. Stat. §4-28i (see Instructions)**

Brand Family	Name	Physical Address

Attach additional sheet(s), as necessary, to provide a complete response. Attach a copy of each written agreement.

**Part V: Manufacturing and Compliance Information**

**1. Manufacturers**

For each brand family, list the name and address of the manufacturer (meaning fabricator) of the cigarettes, if other than the applicant. Include all company names and addresses used by the manufacturer(s) in making cigarettes for sale in the United States.

Brand Family	Manufacturer	Physical Address

Attach additional sheet(s), as necessary, to provide a complete response.

**2. Health Warning Rotation Plan**

For each brand family, list the name and address of the entity which filed a Cigarette Health Warning rotation plan with the Federal Trade Commission before the cigarettes were distributed into the United States. For each brand, attach the Federal Trade Commission's written approval of the applicant's annual Cigarette Health Warning rotation plan.

Brand Family	Filer	Physical Address

Attach additional sheet(s), as necessary, to provide a complete response.

**3. Ingredient Reporting**

For each brand family, list the name and address of the entity which submitted the ingredient reporting information to the U.S. Secretary of Health and Human Services as required by the Federal Cigarette Labeling and Advertising Act. Attach copies of all certificates of compliance received from the U.S. Department of Health and Human Services for the applicant's annual ingredient reporting required by the Federal Cigarette Labeling and Advertising Act (15 U.S.C. §1335a).

Brand Family	Submitter	Physical Address

Attach additional sheet(s), as necessary, to provide a complete response.

**4. Cigarette Packaging**

For each brand family, list the name and address of the person, company, or entity that placed the cigarettes into packages with the U.S. Surgeon General's warnings.

Brand Family	Packager	Physical Address

Attach additional sheet(s), as necessary, to provide a complete response.

**5. Internet or Mail Order Sales** (See Instructions)

A. Web sites: \_\_\_\_\_  
\_\_\_\_\_

B. Physical address: \_\_\_\_\_  
\_\_\_\_\_

C. Total sales to consumers within Connecticut during calendar year 2004: \_\_\_\_\_  
\_\_\_\_\_

Attach additional sheet(s), as necessary, to provide a complete response.

**(Attach copies of the Jenkins Act reports filed with DRS as specified in the Instructions.)**

**Part VI: Disclosure of Enforcement Actions and Prior Determinations Affecting Sales to Distributors**

**1. Enforcement Actions Banning or Enjoining Sales**

Has the applicant or any person or affiliate listed in the applicant's responses to Part II, Question 2, and Part III, Questions 2, 3, and 4, had any of its cigarettes banned or enjoined from sale by any state or federal court or administrative agency within the U.S. jurisdiction?  **Yes.** The details of each occurrence must be attached to this certification.

**Not Applicable**

If **Yes**, for every action banning or enjoining sales, list on a separate sheet the:

- (a) Brand family(ies) banned or enjoined, or both;
- (b) Governmental entity (federal, state, local, or foreign) or private plaintiff bringing the action;
- (c) Case number; **and**
- (d) Name and address of the government attorney or official or private plaintiff bringing the action.

## 2. Denials, Suspensions, or Revocations of Permits or Licenses

Has the applicant or any person or affiliate listed in the applicant's responses to Part II, Question 2, and Part III, Questions 2, 3, and 4, been denied a permit, license, or any other authorization to engage in any business relating to the sale of cigarettes by any government entity (federal, state, local, or foreign) or had a permit, license, or other authorization revoked, suspended, or otherwise terminated?

**Yes.** The details of each occurrence must be attached to this certification.

**Not Applicable**

If **Yes**, for every denial, suspension, or revocation of a permit, license, or other authorization, list on a separate sheet the:

- (a) Name of the applicant or other person or affiliate that had the permit, license, or other authorization revoked, suspended, or otherwise terminated;
- (b) Governmental entity (federal, state, local, or foreign) that denied, suspended, or revoked the permit, license, or other authorization;
- (c) Case number, if any; **and**
- (d) Name and address of the government attorney, official, or private plaintiff bringing the action.

## 3. Convictions

Has the applicant or any person or affiliate listed in the applicant's responses to Part II, Question 2, and Part III, Questions 2, 3, and 4, been convicted of any crime under federal, state, or foreign laws in connection with the sale of cigarettes?

**Yes.** The details of each occurrence must be attached to this certification.

**Not Applicable**

If **Yes**, for every conviction, list on a separate sheet the:

- (a) Name of the applicant or other person or affiliate convicted;
- (b) Governmental entity (federal, state, local or foreign) that prosecuted the applicant or other person or affiliate;
- (c) Case number; **and**
- (d) Name and address of the government attorney or official that prosecuted the applicant or other person or affiliate.

## 4. Denial of Listing

Has the applicant or any person or affiliate listed in the applicant's responses to Part II, Question 2, and Part III, Questions 2, 3, and 4, been denied listing on any state directory?

**Yes.** The details of each occurrence must be attached to this certification.

**Not Applicable**

If **Yes**, for every denial of listing, list on a separate sheet the:

- (a) Name of the applicant or other person or affiliate denied listing on a state directory;
- (b) Tobacco product manufacturer or brand family(ies), or both, denied listing; **and**
- (c) State which denied listing.

## 5. Qualified Escrow Fund Statute Compliance

Has any person listed in the applicant's responses to Part II, Question 2, and Part III, Questions 2, 3, and 4, been involved as an officer or owner of any other tobacco company or affiliate which has not made its escrow deposits as a nonparticipating manufacturer under Conn. Gen. Stat. §4-28i or any comparable statute of another state?

**Yes.** The details of each occurrence must be attached to this certification.

**Not Applicable**

If **Yes**, for every occurrence, list on a separate sheet the:

- (a) Name of the applicant or other person or affiliate which has not satisfied its NPM qualified escrow fund obligations;
- (b) Brand families for which there was a failure to comply; **and**
- (c) Amounts of any escrow deposits still owed.



## Part VII: Imported Cigarettes - Documentation and Verification

### 1. U.S. Customs Documents

If the cigarettes that the applicant sells or intends to sell are not made in the United States, provide the documents listed in a through c:

- a. A copy of the sworn statement of the original manufacturer that it will timely submit ingredients to the U.S. Secretary of Health and Human Services as required by 19 USC §1681a(c)(1);
- b. A copy of the importer's certificate under penalty of perjury as required by 19 USC §1681a(c)(2) regarding the precise format of warnings and the rotation plan for health warnings; **and**
- c. A copy of the trademark holder's certificate under penalty of perjury that it has not withdrawn consent to import into the United States as required by 19 USC §1681a(c)(3)(A) or a copy of the importer's certificate under penalty of perjury that the trademark owner has not withdrawn consent to import into the United States as required by 19 USC §1681a(c)(3)(B).

## Part VIII: NPM Applicant Certification

### 1. Agent for Service of Process

- a. Is the applicant domiciled in the State of Connecticut?  Yes  No
- b. Is the applicant a nonresident or foreign NPM that has registered to do business in Connecticut as a foreign corporation or business entity?  Yes  No
- c. If the applicant answered No to questions a and b above, the applicant must appoint a resident agent for service of process by submitting a completed **Form TPM-4, Notice of Appointment of Registered Agent and Registered Agent's Statement**.

### 2. Qualified Escrow Fund

Applicant certifies that, as of the date of this certification, the applicant:

- a. Has established and continues to maintain a Qualified Escrow Fund.  Yes  No
- b. Has executed a Qualified Escrow Agreement that has been reviewed and approved by the Attorney General for the State of Connecticut and that governs that Qualified Escrow Fund for the State of Connecticut.  Yes  No

**Note:** The NPM must certify satisfaction of both of the requirements referenced above regarding the Qualified Escrow Fund to be eligible for listing in the Connecticut Directory.

Date	Deposit	Withdrawal	Balance

**3. Qualified Escrow Fund Deposit/Withdrawal History for Connecticut**

Attach additional sheet(s), as necessary, to provide a complete response.

**Note: This certification will not be processed or considered until all the required documents are submitted.**

**Declaration, Acknowledgement, and Signature**

Under penalty of criminal prosecution under the laws of Connecticut, I declare and acknowledge that:

1. I have read the Instructions for this Certification for Listing in the Connecticut Directory.
2. I understand that the Attorney General or the DRS may require additional information or documentation, or both, to determine if the applicant qualifies for listing in the Connecticut Directory.
3. Applicant will immediately notify the Office of the Attorney General and DRS if, before a determination is made by DRS to include the applicant and its brand families in the Connecticut Directory, any information on this certification changes.
4. I represent and warrant that I am an officer of the applicant authorized to bind the applicant.
5. I have examined this certification, including attachments and supporting documents, and, to the best of my knowledge and belief, this certification, including attachments and supporting documents, is true, correct, and complete.

Name of Authorized Officer: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature of Authorized Officer: \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_)

County of \_\_\_\_\_)

Country of \_\_\_\_\_)

On \_\_\_\_\_, before me, \_\_\_\_\_, personally appeared

\_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he or she executed the same in his or her authorized capacity, and that by his or her signature(s) on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

Witness my hand and official seal.

Signature: \_\_\_\_\_

My Commission expires:

This certification must be filed at both of the following addresses:

**Office of the Attorney General  
State of Connecticut  
Finance Department  
PO Box 120  
55 Elm Street  
Hartford CT 06141-0120**

**Department of Revenue Services  
State of Connecticut  
Attn: Tax Division Chief, Audit Division  
Excise/Public Services Subdivision  
25 Sigourney Street  
Hartford CT 06106**