



Oneida Indian Nation Department of Taxation
**Application for Registration of Retail
 Dealers for Sales of Cigarettes and
 Tobacco Products**

ODT-716

Use this form to register, as well as renew your registration, for all or any portion of the period from _____, through _____.

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

See instructions before completing this form.

You must be registered to collect Oneida Indian Nation 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 ODT-17, *Application for Retail License and Certificate of Authority*

Mark an **X** in the box that applies: New applicant Renewal Registering additional locations

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

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

1. Date you began or will begin business on Oneida Indian Nation land:	2. Date you began or will begin selling cigarettes or other tobacco products at retail on Oneida Indian Nation land:
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3. Type of organization (mark an **X** in the box that applies): Individual Trust Partnership
 Corporation Governmental Exempt organization Other (*specify*): _____

	A	B	C
	Number of certificates	Cost of each	Amount due (A x B)
4. Certificates of registration (<i>from Part A, see instructions</i>)...		\$300	\$
5. Renewal (<i>from Part A, see instructions</i>)		\$300	\$
6. Total amount due (<i>add lines 4 and 5, column C</i>).....			\$

- Attach check or money order for the amount on line 6, payable to **Oneida Indian Nation**.
- Write your sales tax vendor identification number, **ODT-716** and the year for which you are registering on the front of your check or money order.
- Mail your application and remittance to: **Oneida Indian Nation Department of Taxation
 2037 Dream Catcher Plaza
 Oneida, New York 13421**

Do not mail this application with your sales tax return.

I certify that I have the authority to submit this application on behalf of the applicant, and that the information contained in this application is true, correct and complete. By signing below, I agree that the applicant shall collect and remit Oneida Indian Nation sales tax to the Oneida Indian Nation Department of Taxation on the sale of cigarettes and tobacco products occurring on Nation land.

Name	Title	Date
Signature	Daytime Telephone Number	

Part A — Certificates of registration for retail operations / renewal (\$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 cigarettes / tobacco products	New or Renewal
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 or 5**, column A).....