

## TENNESSEE DEPARTMENT OF REVENUE Prevent All Cigarette Trafficking (PACT) Act Registration Form

Any person who sells, transfers, or ships for profit cigarettes, roll-your-own tobacco, smokeless tobacco, and/or electronic nicotine delivery systems in interstate commerce, whereby such cigarettes, roll-your-own tobacco, smokeless tobacco, and/or electronic nicotine delivery systems are shipped into a State, locality, or Indian country of an Indian tribe taxing the sale or use of cigarettes, roll-your-own tobacco, smokeless tobacco, and/or electronic nicotine delivery systems who advertises or offers cigarettes, roll-your-own tobacco, smokeless tobacco, and/or electronic nicotine delivery systems who advertises or offers cigarettes, roll-your-own tobacco, smokeless tobacco, and/or electronic nicotine delivery systems for such a sale, transfer, or shipment is made, advertised, or offer is disseminated.

1. Name of Person ( <i>See Defi</i> Last	<i>nition #1</i> ) First	Mid	2. Fe Idle	2. Federal Employer Identification Number ( <i>if not an individual</i> ) e			
3. Trade Name(s)							
4. Principal Email Address		5. Number of Business Locations					
6. Authorized Agent (Point of Contact) at Principal Location		7. Authorized Agent's Telephone Number 8. Principal Internet Address					
9. Tennessee Registered Agent		Registered Agent's Address			Registered Agent's Telephone		
10. List of Business Location	S						
Street Address		City		State	Zip Code	Telephone	
11. Authorized Agent at each	n Business Loc	ation ( <i>Last, Firs</i>	t, Middle)				
Last	First	First		Middle		Internet Address for Business	
						Email Address for Business	
Last	First	First		Middle		Internet Address for Business	
						Email Address for Business	
Last First			Middle		Internet Address for Business		
						Email Address for Business	
Last	First	First		Middle		Internet Address for Business	
						Email Address for Business	

## Definitions

- 1. **Person** The term "person" means an individual, corporation, company, association, firm, partnership, society, State government, local government, Indian tribal government, governmental organization of such a government, or joint stock company.
- 2. **Indian Tribe** The term "Indian tribe," "tribe," or "tribal," refers to an Indian tribe as defined in section 4(e) of the Indian Self-Determination and Education Assistance Act (25 U.S.C 450b(e)) or as listed pursuant to section 104 of the Federally Recognized Indian Tribe List Act of 1994 (25 U.S.C. 479a-1).
- 3. **Electronic Nicotine Delivery System** the term "electronic nicotine delivery system," as defined under 15 U.S.C. § 375(7), means any electronic device that, through an aerosolized solution, delivers nicotine, flavor, or any other substance to the user inhaling from the device. This includes an e-cigarette, e-hookah, e-cigar, vape pen, advanced refillable personal vaporizer, electronic pipe, and any component, liquid, part or accessory of a device described above, without regard to whether the component, liquid, part, or accessory is sold separately from the device. The term "electronic nicotine delivery system" does not include a product that is approved by the FDA for sale as a tobacco cessation product or any other therapeutic purpose, which is also marketed and sold solely for those purposes.

## Instructions

- 1. Provide the name of the "person" registering. Please refer to the definition of "person" provided.
- 2. Provide the Federal Employer Identification Number (FEIN) of the Person if not an individual.
- 3. Provide all trade names used by the Person.
- 4. Provide the principal e-mail address associated with the Person.
- 5. Provide the number of business locations associated with the Person.
- 6. Provide an authorized agent (point of contact) for the principal address of the Person.
- 7. Provide the telephone number for the authorized agent for the principal address.
- 8. Provide the principal internet address.
- 9. Provide the name, address and telephone of the registered agent located within Tennessee to accept service of process.
- 10. Provide the address for all business locations associated with the Person, including street address, city, state, zip code, and telephone number.
- 11. Provide the name of an authorized agent for each business location, including name, internet address, and email address for each agent.

## Please mail application to:

Tennessee Department of Revenue Taxpayer Services Division 500 Deaderick Street Nashville, TN 37242