

## STATE OF NEVADA OFFICE OF THE ATTORNEY GENERAL

5420 Kietzke Lane, Suite 202 Reno, Nevada 89511

## TOBACCO IMPORTER ACCEPTANCE OF JOINT AND SEVERAL LIABILITY

FORM B&TD-TOB5

IMPORTER INFORMATION:						
Business Name:		Date:		Pate:		
Address:						
Address (line 2)						
City:	State:	Zip:	Country:			
Telephone:	E-Mail:	,		Website:		
Contact Person/Title:						
FEDERAL TORAGOO IMPORTER REPAIR NUMBER						
FEDERAL TOBACCO IMPORTER PERMIT NUMBER:						
A copy of the permit issued by the U.S. Department of Treasury, Alcohol & Tobacco Tax & Trade Bureau must be included with this form.						
NON-PARTICIPATING MANUFACT	URER FOR WHOM	LIABILITY IS A	CCEPT	ED:		
Business Name:		Contact Person:		on:		
Address:						
Address (line 2):						
City:	State:	Zip:	Country:			
Telephone:	E-Mail:			Website:		
BRAND FAMILIES TO BE IMPORTED FOR NON-PARTICIPATING MANUFACTURER:						
					-	
IMPORTER'S REGISTERED AGEN	IT FOR SERVICE O	F PROCESS:				
Business Name:	Contact Person:					
Address:						
Address (line 2):						
City:	State:	Zip:				
Telephone:	E-Mail:	I			State RA #:	
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NOTE: An original signed letter from the Registered Agent noting his or her service in this capacity must be included with this Form.

AFFIDAVIT OF IMPORTER:					
I certify that:					
All of the information contained in this form is true and correct.					
In my position with the importer, I am authorized to certify on behalf of the importer and can legally bind the importer.					
In accordance with NRS 370.684, the importer accepts strict joint and several liability with the above identified Non-Participating Manufacturer for all escrow due pursuant to NRS 370A.140, including quarterly payments required pursuant to NAC 370.330.					
The importer consents to the jurisdiction of the Nevada courts for the purpose of enforcement of NRS 370.684.					
By signing this affidavit on behalf of the importer I understand the importer is required to comply with state and federal laws concerning the sale of tobacco products.					
I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.					
Name	Title				
Electronic/Signature	Date				

Please email this completed and signed Tobacco Importer Acceptance of Joint and Several Liability form and any attachments to the Nevada Attorney General's Office - Tobacco Enforcement Unit:

E-mail to:

tobaccoenforcement@ag.nv.gov