

For more help go to [www.ncdor.gov/web-fill-form-instructions](http://www.ncdor.gov/web-fill-form-instructions)

# Instructions for Web Fill-In Forms

## Getting Started

Save the PDF to your computer



Use the latest version of Adobe Acrobat Reader to complete the form



## Guidelines

Do not handwrite any information



Do not use commas when entering amounts

Enter Whole U.S. Dollars Only  (Incorrect)

Enter Whole U.S. Dollars Only  (Correct)

Do not use brackets for negative numbers

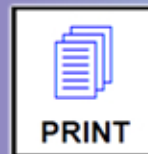
Use a minus sign to show the amount is negative

Enter Whole U.S. Dollars Only  (Incorrect)

Enter Whole U.S. Dollars Only  (Correct)

## Printing

Use the print icon on the form to ensure you have completed all required fields



Before printing, select "actual size"



Do not print on both sides of the paper



## Before Mailing

Do not mix form types



Do not submit photocopies of returns

Submit originals only



# B-A-2R Tobacco License Renewal Application

<b>Renewal Application for Year 2025</b>		<b>DOR Use Only</b> Date License Issued _____ / _____ / _____ (MM/DD/YYYY):		
<b>Section 1. License Information</b> <i>(Note: A Change In License Type is not a Renewal. A change in license type requires a submission of a new B-A-2.)</i>				
LEGAL NAME OF APPLICANT (This is the name the license will be issued in)		<b>SSN/FEIN</b> <input style="width:100%; height:20px;" type="text"/>		
TRADE NAME OR DBA (IF DIFFERENT FROM LEGAL NAME)		<b>NCDORID</b> <input style="width:100%; height:20px;" type="text"/>		
Fill in circle, if applicable: <input type="radio"/> Mailing Address Has Changed <input type="radio"/> Physical Location Has Changed				
PHYSICAL LOCATION ADDRESS (NOT P.O. Box or Route Number)	CITY	COUNTY	STATE	ZIP CODE
MAILING ADDRESS	CITY	COUNTY	STATE	ZIP CODE
CONTACT PERSON		PHONE NUMBER		
EMAIL ADDRESS		FAX NUMBER		
<b>Section 2. Type of License being renewed for applications submitted by June 30, 2025.</b> <i>(Renewals submitted on July 1, 2025 or after, must use form B-A-2, and complete in it's entirety. Submit Form B-A-2 to the address on the form with the appropriate renewal license tax.)</i>				
<b>License Type</b>				<b>Manufacturer</b>
<b>Cigarette</b>	<input type="checkbox"/> Cigarette Distributor			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Other Tobacco Product (OTP)</b>	<input type="checkbox"/> OTP Wholesale Dealer (covers wholesale and retail activity, if both)			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Other Tobacco Product (OTP)</b>	<input type="checkbox"/> OTP Retail Dealer (only)			
<b>Vapor Product (VP)</b>	<input type="checkbox"/> Vapor Products Wholesale Dealer (covers wholesale and retail activity, if both)			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Vapor Product (VP)</b>	<input type="checkbox"/> Vapor Products Retail Dealer (only)			
Renewal applications are reviewed for Secretary of State status (if applicable), tax compliance, and criminal convictions. Please allow 12-14 weeks for processing. Note that processing time will exceed this estimate if: (1) the renewal application is incomplete or (2) there are compliance issues. Licenses will not be issued until all compliance issues have been resolved and you notify the Excise Tax Division of such. <input type="checkbox"/> I certify that I understand the stated processing time and that I am responsible to notify the Excise Tax Division that all discrepancies have been resolved.				
<b>Section 3: Certification</b> This application must be signed by a business owner, partner, member, or officer with the authority to legally bind the business entity.				
I certify that I have read this application, and know and understand its contents and that all the information herein is true and accurate. I understand it is unlawful to knowingly make a false statement on the application and that any violation may result in prosecution as well as the revocation of any tobacco product license. The licensee agrees that to the extent the licensee signs electronically, the licensee's electronic signature is the legally binding equivalent to a handwritten signature.				
NAME (PLEASE PRINT OR TYPE)			TITLE	
SIGNATURE			DATE	
MOBILE PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS		

Renewal application may be submitted via mail, email, or fax to the number listed below.

**NC Department of Revenue, Excise Tax Division, Attn: Tobacco Renewals,**  
3301 Terminal Drive, Suite 125, Raleigh, NC 27604  
Phone Number: (919) 707-7500 Fax Number: (919) 212-5766 Email: tobaccorenivals@ncdor.gov