

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  ❌

Enter Whole U.S. Dollars Only  ✅

Do not use brackets for negative numbers

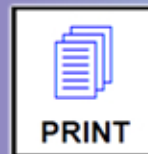
Use a minus sign to show the amount is negative

Enter Whole U.S. Dollars Only  ❌

Enter Whole U.S. Dollars Only  ✅

## 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 <span style="font-size: 1.2em;">2024</span></b>		<b>DOR Use Only</b> Date License Issued _____ / _____ / _____ <small>(MM/DD/YYYY):</small>	
<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>	
TRADE NAME OR DBA (IF DIFFERENT FROM LEGAL NAME)		[ ]	
PHYSICAL LOCATION ADDRESS FOR LICENSE <i>(NOT P.O. Box or Route)</i>		<b>NCDORID</b>	
MAILING ADDRESS (PO Box or Street Address, City, State, Zip Code)		[ ]	
CONTACT PERSON	PHONE NUMBER	Fill in circle, if applicable: <b>Mailing Address Has Changed</b> <input type="radio"/> <b>Physical Location Has Changed</b> <input type="radio"/> <b>Request Cancellation of License</b> <input type="radio"/>	
EMAIL ADDRESS	FAX NUMBER		
TYPE OF LICENSE BEING RENEWED. NO TAX DUE.			
Fill in applicable circle(s): <input type="radio"/> Cigarette Distributor <input type="radio"/> OTP Retail Dealer <input type="radio"/> Vapor Products Wholesale Dealer <input type="radio"/> Cigarette Manufacturer <input type="radio"/> OTP Wholesale Dealer <input type="radio"/> Vapor Products Retail Dealer <input type="radio"/> OTP Manufacturer <input type="radio"/> Vapor Products Manufacturer			
Required information for OTP License Renewal Only.			
1. Do you sell Vapor Products? <input type="radio"/> Yes <input type="radio"/> No			
2. Do you sell other tobacco products ( <i>cigars, smokeless tobacco, loose and pipe tobacco</i> ) that are not Vapor Products? <input type="radio"/> Yes <input type="radio"/> No			
<b>Section 2. Untimely Renewal Tax</b> <i>(Only Complete if Submitted after June 30, 2024)</i>			
<b>License Type</b> <i>(Check at least one box)</i> <b>Note: A Change In License Type is not a Renewal. It Requires a new B-A-2</b>			
<b>Cigarette</b>	<input type="checkbox"/> Cigarette Distributor	<input type="checkbox"/> Cigarette Manufacturer	<b>\$25.00</b>
<b>Other Tobacco Product (OTP)</b>	<input type="checkbox"/> OTP Wholesale Dealer <small>(covers wholesale and retail liability, if both)</small>	<input type="checkbox"/> OTP Manufacturer	<b>\$25.00</b>
<b>Other Tobacco Product (OTP)</b>	<input type="checkbox"/> OTP Retail Dealer (only)		<b>\$10.00</b>
<b>Vapor Products (VP)</b>	<input type="checkbox"/> Vapor Products Wholesale Dealer <small>(covers wholesale and retail liability, if both)</small>	<input type="checkbox"/> VP Manufacturer	<b>\$25.00</b>
<b>Vapor Products (VP)</b>	<input type="checkbox"/> Vapor Products Retail Dealer (only)		<b>\$10.00</b>
<b>No payment due for renewals submitted by fax, email, or postmarked prior to 7/1/2024.</b>			<b>Total License Tax Due</b> <small>(Check or Money Order ONLY)</small>
<b>License Type:</b> The license tax is required for LATE RENEWALS ONLY. For license renewals on or after 7/1/2024, the license tax must be submitted by <b>mail</b> with the renewal application.			<b>TOTAL</b> <b>\$</b>
<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	
TELEPHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS	

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

**Attention: Tobacco Renewals, North Carolina Department of Revenue**  
3301 Terminal Drive, Suite 125, Raleigh, NC 27604

Phone Number: (919) 707-7500 Fax Number: (919) 212-5766 Email: [tobaccorenewals@ncdor.gov](mailto:tobaccorenewals@ncdor.gov)