MISSOURI DEPARTMENT OF Missouri Tobacco Directory -Non-Participating Manufacturer Certification

Form

5304[《]



Postmark Date (MM/DD/YYYY):

Year and Type	Complete a separate form for each liability year for which you are certifying (select one) Current calendar year for this certification: 20 Type of Certification (select one): Initial Annual Supplemental									
	Company Name	Federal Identification Number								
Manufacturer Identification	Mailing Address	City			State	ZIP Code	Country			
	Physical Address					State	ZIP Code	Country		
2 -	Telephone Number Fax Number () - ()			E-mail Address						
Contact Person	Missouri Statute <u>32.057</u> , <u>RSMo</u> , states that all tax records and information maintained by the Missouri Department of Revenue are confidential. The tax information can only be given to the owner, partner, member, or officer who is listed with us as such. If you wish to give an employee, attorney, or accountant access to your tax information, you must supply us with a power of attorney giving us the authority to release confidential information to them.									
act P	Contact Person for Certification - Must be Name	e owner or officer. Title		Power of Attorne	y must be complete	d. Te	I. Telephone Number			
Cont	Power of Attorney Attach a completed Form 2827. E-mail Address						/			
ring	Plant Name		Plant Telephone Number			Plant Fax Number				
Manufacturing Facility	Physical Address	City	<u> </u>			ZIP Code	Country			
Name and Title of Contact Person at Plant (if different than above)										
Status as a Tobacco Products Manufacturer										
ermits	U.S. Treasury, Tobacco Tax Bureau (TTB) Permit Number						Last Year Permit or License Issued			
<u>a</u>	Foreign Manufacturer Permit Number (if applicable)						Last Year Permit or License Issued			
License and	Provide a copy of current permit. Attached									
Brand Family and Brand Style	 A. Brand Family and Brand Style: For each brand style which the company requests for certification or for which the company received certification in a prior year, the following information is to be provided on the Form 5303 Missouri Tobacco Directory - Non-Participating Manufacturer Brands Certification: Name: List all brand families and styles as follows - brand family, brand style, flavor, size, and container. Those brand styles that will not be sold in the current year should be marked with an asterisk(*). Cigarette or Roll-Your-Own (RYO): Indicate whether the product is a cigarette or RYO. Packaging Submitted: Indicate if packaging sample is being submitted. Current Manufacturer: Include the name and address of the current manufacturer. Prior Manufacturer(s): Include the name and address of all prior calendar year. Units Sold - Prior Year: Indicate the number of units sold during the current calendar year. Current Trademark Holder: Include the name and address of the current trademark holder. Prior Trademark Holder: Include the name and address of all prior trademark holders. 									

- B. Additional Information: Select the appropriate box(es):
 - Initial or Supplemental Certification Included with this certification is corresponding actual cigarette or RYO packaging (without tobacco) for each brand style for which the company requests certification.
 - Annual Certification (No Packaging Changes) Corresponding actual cigarette or RYO packaging (without tobacco) has been previously provided and there have been no changes to the packaging.
 - Annual Certification (Packaging Changes or Brand Additions There have been changes to the packaging samples previously submitted or new brand styles have been added. Corresponding actual cigarette or RYO packaging (without tobacco) is included.

FSC (Fire Safe Compliance) - Attached is a letter from the Missouri State Fire Marshal's Office indicating that the brand styles for which the company seeks certification are FSC compliant.

Brand Responsibility - The company identified in the Manufacturer Identification section affirms that the cigarettes or RYO brands listed herein are to be considered the company's cigarette and RYO brands for the purpose of calculating the company's payments for the purposes of <u>Section 196.1000</u> to <u>196.1003</u>, <u>RSMo</u>.

Pursuant to Section 196.1000 – 196.1032, RSMo, the Tobacco Product Manufacturer has attached all documentation supporting the information in this certification. A non-participating manufacturer must include all documentation showing that it has met its escrow obligations for the relevant calendar year. See <u>Section 196.1003(b); 196.1023 – 196.1029, RSMo</u>.

Select One	
Response Does Not Provided Apply	Attach the following documents or information:
	Initial Certification Partnership or Association: Current copy of the Certificate of Partnership or the certificate required to be filed by any state, county or municipality.
	Corporation: 1) Current copy of the Certificate of Incorporation or other charter and 2) extracts of documents listing the officers authorized to sign for the company.
	LLC or other entity: Current copy of the business documents filed with a state, county, or municipal entity when such filing is required. Include a copy of any document indicating persons authorized to sign for the entity.
	Organizational Documents - Required With Initial Certification Only Unless Changes No Changes to Organizational Documents: Organizational documents were submitted with the initial Certification Application. There have been no changes to the organizational documents previously submitted.
	Organizational Documents Have Changed: There have been changes to the organizational documents previously submitted. Copies of all updated documents are attached.
	Company Officers and Owners: Provide a list of all company officers and company owners (all persons with an equity interest of 10% or more in the company). Include name, address, phone number and e-mail address.
	Affiliates: Provide a list of all company Affiliates that also manufacture, import, distribute, or sell cigarettes or Roll Your Own (RYO). Include the name, address and contact information for each Affiliate.
	Marketing Information: For each brand family, list the name, address and contact information for each Missouri wholesaler through which the company intends to sell cigarettes or RYO in Missouri.
	Agreements with Participating Manufacturers: Identify every agreement between the company and any Participating Manufacturer ("PM") or PM Affiliate that relates to the making, importing, distribution, transportation, or sale of each Brand Family.
	Agreements Regarding Compliance with the Qualified Escrow Statute: List every Brand Family that is the subject of any agreement regarding compliance with a Qualified Escrow Statute.
	Health Warning Rotation Plan: For each Brand Family, list the name and address of the entity that filed cigarette health warning rotation plan with the Federal Trade Commission. Attach the Federal Trade Commission's written approval of the company's annual Cigarette Health Warning Rotation Plan. Applies only to cigarettes.
	Ingredient Report: For each Brand Family, list the name and address of the entity that submitted the ingredient reporting information to the U.S. Secretary of Health and Human Services as required by the Federal Cigarette Labeling and Advertising Act. Attach copies of all Certificates of Compliance received from the U.S. Secretary of Health and Human Services for the company's annual ingredient reporting required by the Federal Cigarette Labeling and Advertising Act (15 USC § 1335a). Applies only to cigarettes.
	Imported Cigarettes: If company sells or intends to sell cigarettes or RYO brands that are not manufactured in the United States, provide the following:
	A copy of the sworn statement of the original manufacturer that it will timely submit ingredient information to the Secretary of Health and Human Services as required by 19 USC §1681a(c)(1). Cigarettes Only.
	A copy of the importer's certificate under penalty of perjury as required by 19 USC §1681a(c)(2) regarding the precise format of warnings and the rotation plan for health warning. Cigarettes Only.
	A copy of the trademark holder's certificate under penalty of perjury that it has not withdrawn consent to import into the United States as required by 19 USC §1681a(c)(3)(A) or a copy of the importer's certificate under penalty of perjury that the trademark owner has not withdrawn consent to import into the United States as required by USC §1681a(c)(3)(B).
	Internet or Mail Order Sales: If company intends to sell any Cigarettes (including RYO tobacco) by mail order or via the Internet.
	Security Interest: Please identify any person or entity, other than a regulated financial institution, with a security interest or security interests in assets of the company that exceed 10% of the value of all of the company's gross assets (i.e., not counting assets after deducting liabilities). Attach all security agreements and financing statements for the security interests, and provide a listing of where the financing statements have been filed to perfect the security interests.

Additional Business Information

Enc	closed the completed	Annual Escrow C	ompliance	Certificate and	Affidavit	(Form 5302) for the	prior y	ear's sales	in Missouri
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Established and continues to maintain a Qualified Escrow Fund as defined in <u>Section 196.1000(f), RSMo</u>, and said fund complies with <u>Section 196.1000</u> to <u>196.1003</u>, <u>RSMo</u>.

Executed a Qualified Escrow Agreement that has been reviewed and approved by the Director of Revenue for the state of Missouri and that governs the Qualified Escrow Fund for the state of Missouri. A copy of the current Qualified Escrow agreement, including any amendments, is attached.

Ensured that the escrow funds held in the Qualified Escrow Fund on behalf of the state of Missouri are in a separate segregated account, separate and apart from escrow funds held on behalf of any other beneficiary.

Attached information documenting all deposits and withdrawals from the Qualified Escrow Fund during the last year and attached proof of current escrow account balance from the Escrow Agent.

Name of Financial Institution	Telephone Number			
		()_		
Contact Person Name	Fax Number			
		()_		
Mailing Address	City		State	ZIP Code
Escrow Account Number	Missouri Sub-Account Number		•	•

The company (select one):

Qualified Escrow Fund and Financial Institution

Is registered to do business in the state of Missouri; or

Has approved a resident for service of process in the state of Missouri and provided notice to the Director of Revenue for the state of Missouri by submitting a completed Non-Participating Manufacturer's Appointment of Registered Agent (Form 5300) for the state of Missouri and Registered Agent's Statement (Form 5299), which can be found at <u>dor.mo.gov/forms/</u>.

	Yes	No	Select Yes or No as appropriate to all questions. Provide additional information where requested.
			List all prior manufacturers of any brand listed in this certification.
			Has any state obtained a court judgement or administrative order against company relating to brand families listed on this certificate? If yes, list the location, case number, and date of the judgment or order and the brand families involved.
sures			As of the date of this certification, has the company satisfied all court judgments and orders to pay penalties, related to brand families in this certification?
Disclosures			Has your company ever been investigated or contacted by a law enforcement agency concerning a violation of law relating to the brand families you manufacture or have manufactured? If yes, please indicate what law enforcement agency contacted or investigated your company and the Brand Families involved.
			Has any state de-listed from its tobacco directory or refused to list on its tobacco directory your company or any brand families listed on this certificate? If yes, identify each such state, describe the circumstances, and attach the letter, e-mail or other document indicating the refusal to list or decision to de-list.

Under penalty of perjury, I certify and declare that all of the statements contained in this certification, including but not limited to any accompanying statements or attachments herewith, are true, correct, accurate and complete in every particular, and that I am a person authorized to bind the Tobacco Product Manufacturer making this Certification either under the laws of the state of Missouri or the jurisdiction where the manufacturer resides or is organized. Any violation of the requirements of <u>Sections 196.1003</u> and <u>196.1020</u> to <u>196.1035</u>, <u>RSMo</u>, is basis for removal of the company's brands from Missouri's Directory of Compliant Tobacco Products Manufacturers.

E Xecut \uthorize	Signature of Authorized Person	Date (MM/DD/YYYY)			
٩	Printed Name	Title			

Form 5304 (Revised 02-2024)

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Visit: dor.mo.gov/taxation/business/tax-types/tobacco/directory.html for additional information.