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STATE OF VERMONT
OFFICE OF THE ATTORNEY GENERAL
109 STATE STREET
MONTPELIER, VT
05609-1001

**TOBACCO PRODUCT MANUFACTURER CERTIFICATION
PURSUANT TO 33 V.S.A. CHAPTER 19, SUBCHAPTER 1-B**

CERTIFICATION YEAR 2024

Please note: Instructions for completing this Certification can be found on the Attorney General's website, <https://ago.vermont.gov/tobacco/>. Certifications that fail to adhere to the instructions will not be approved.

This form is (check one below):

Initial Certification – Tobacco Product Manufacturer is not currently listed on the Vermont Directory of Tobacco Product Manufacturers (Directory)

Annual Certification – Due April 30th of each year

Supplemental Certification – Change in brands, brand styles, registered agent, or other information

Part 1: Tobacco Product Manufacturer (“TPM”) Identification

Name of Company:

Physical Address (street address only, no post office box):

Mailing Address (if different from above):

Telephone Number:

E-mail Address:

Website Address:

Name of Person Completing Form:

Title of Person Completing Form:

Manufacturing Plant Name and Physical Address (if different from above):

Plant Telephone Number:

Name of Plant Manager:

Is the TPM represented by counsel? Yes No

Identification of Counsel:

Firm Name:

Address:

Telephone Number:

E-mail Address:

The undersigned certifies that, as of the date of this Certification, the above-named TPM is:
(initial one)

A Participating Manufacturer (“PM”) in full compliance with the Tobacco
Master Settlement Agreement.

A Non-Participating Manufacturer (“NPM”) in full compliance with
33 V.S.A. Chapter 19, Subchapters 1-A and 1-B.

Part 2: Sales Year

TPM Certification for Vermont sales in: **2023**

Part 3: PM Brand Identification

(To be completed by Participating Manufacturers only)

Please note: If the space provided in the spreadsheet below is inadequate, please provide a spreadsheet which utilizes the same column headers (Brand Family, Style, Flavor, Filter, Package) as those provided below.

Brand Family*	Style**	Flavor (E.g. menthol)	Filter (Yes, no, N/A if RYO)	Package (E.g. box, soft)

*By listing a Brand Family in its Certification, the Participating Manufacturer affirms that the Brand Family is its product for the purpose of calculating payments under the Master Settlement Agreement for the Sales Year, in the volume and shares determined pursuant to the Master Settlement Agreement. Nothing in this Certification shall limit or otherwise affect the State's right to maintain that a Brand Family constitutes cigarettes of a different TPM for purposes of calculating payment under the Master Settlement Agreement.

**Clearly indicate if brand style is Roll-your-own (RYO). Examples of styles include "king," "100," "silver 100," "smooth," and "slim."

Part 4: NPM Brand Identification

(To be completed by Non-Participating Manufacturers only)

Please note: If the space provided in the spreadsheet below is inadequate, please provide a spreadsheet which utilizes the same column headers (Brand Family, Style, Flavor, Filter, Package, Licensed Wholesale Dealers, Units Sold in 2023, Units Sold in 2024, Other Manufacturer, Trademark Holder) as those provided below.

Brand Family	Style*	Flavor (E.g. menthol)	Filter (Yes, no, N/A if RYO)	Package (E.g. box, soft)

(Continued Across)

Licensed Wholesale Dealer(s) used in Vermont**	Units Sold in 2023 (Sticks or RYO equivalent)	Units Sold in 2024 (Sticks or RYO equivalent)	Other Manufacturer (Name and address)***	Trademark Holder****

*Clearly indicate if brand style is Roll-your-own (RYO). Examples of styles include “king,” “100,” “silver 100,” “smooth,” and “slim.”

** Identify all Vermont Licensed Wholesale Dealers that you currently use to sell your products into Vermont.

*** Identify other manufacturers, including any other current or previous fabricators of any Brand Families or Brand Styles listed on this Certification.

**** For every brand family listed, identify the name of the trademark holder, the contact person of the trademark holder, and the contact person's mailing address, e-mail, and telephone number.

Part 5: Modifications to the Vermont Directory

*(To be completed by Participating **and** Non-Participating Manufacturers)*

Same as above

To be added:

Brand Family	Style*	Flavor (E.g. menthol)	Filter (Yes, no, N/A if RYO)	Package (E.g. box, soft)

*Clearly indicate if brand style is Roll-your-own (RYO). Examples of styles include “king,” “100,” “silver 100,” “smooth,” and “slim.”

To be deleted:

Brand Family	Style

Please note: If the space provided above is inadequate, please provide a “To be added” spreadsheet and/or a “To be deleted” spreadsheet which utilizes the same column headers as those indicated above.

Part 6: Required Certifications/Documents:

*(To be completed by Participating **and** Non-Participating Manufacturers)*

- A. Fire Safe Compliance: Are each of the cigarette brand families and brand-styles listed in this Certification fire-safe compliant and certified with the Vermont Department of Public Safety pursuant to 20 V.S.A. § 2757?

Yes

No

If yes, please provide fire safe certification documents, approved by the Vermont Department of Public Safety, for each brand style. If your answer to the preceding question was “no”, please explain in the space below your basis for the request to list the brand family on the Vermont Tobacco Directory. **The certification application will not be processed without the proper fire safe certification documents.**

- B. U.S. Treasury, Tobacco Tax Bureau (TTB) permit(s): Provide a copy of the TPM’s current TTB permit(s) as a manufacturer and/or as an importer.
- C. If the TPM applicant is located in a country other than the United States, provide copies of any manufacturing or importer licenses, certificates, permits or similar documents issued by the country where the manufacturing takes place.

List all importers:

- D. Has the company submitting this form or any of its affiliates, sales entity affiliates, officers, or directors pled guilty or nolo contendere to or been found guilty of a felony crime relating to the sale or taxation of cigarettes or tobacco products?

Yes

No

If yes, please explain:

- E.** For each of the past 12 calendar months, has the company provided the reports required by the PACT Act/Jenkins Act, 15 U.S.C. § 375 *et seq.*, as amended, to the Vermont Department of Taxes?

Yes No

If no, please explain:

- F.** Has the company submitting this form, or any of its brand families, been removed from the approved-for-sale tobacco products directory of any state within the last three years?

Yes No

If yes, please explain:

Part 7: NPM Certification

(To be completed by Non-Participating Manufacturers only)

- A. Company Officers and Owners:** List NPM Applicant's officers and owners (all persons with an equity interest of 10% or more in the company):

Please note: If the space provided in the spreadsheet below is inadequate, please provide a spreadsheet which utilizes the same column headers (Name, Title, Address, Telephone Number, E-mail Address) as those provided below.

Name	Title (E.g. President, Vice President, Partner)	Address	Telephone Number	E-mail Address

- B. Corporate or Business Documents:** Provide current copies of NPM's articles of incorporation, corporate charters, certificates of corporate existence, operating agreements, and bylaws or extracts of stockholders' meetings, as applicable to corporate status.

- C. Registered Agent/Approved Agent for Service of Process:**

The NPM identified above, as of the date of this Certification, certifies that it: (initial one)

Is registered to do business in Vermont with the Vermont Secretary of State.

Has appointed and continues to engage a registered Vermont agent for service of process in the State of Vermont as identified below, and has submitted to the Attorney General:

- 1) Proof of the appointment, effective for at least one year from the date of this Certification, and**
- 2) The agent's acceptance of the appointment.**

Agent Name:

Date of Appointment:

Company:

Physical Address:

Mailing Address:

Telephone Number:

E-mail Address:

D. Qualified Escrow Fund

a. Qualified Escrow Fund Certification

The NPM applicant certifies that at the time of the execution of this Certification:

- 1) It has established, and continues to maintain, a Qualified Escrow Fund, and the Qualified Escrow Fund complies with 33 V.S.A §§ 1912–1924.

Yes No

- 2) Any escrow funds held or to be held in its Qualified Escrow Fund will be held in a separate segregated account on behalf of the State of Vermont and are separate and apart from escrow funds held on behalf of any other beneficiary.

Yes No

- 3) A complete copy of the NPM applicant's qualified escrow agreement, in executed form, including all amendments and attachments, has been provided to the Office of the Attorney General.

Yes No

- 4) There is a security interest that has been granted in or has attached to or is otherwise applicable to any escrow funds held or to be held in the NPM applicant's Qualified Escrow Fund on behalf of Vermont.

Yes No

b. Qualified Escrow Fund Agent Identification

Name of Qualified Escrow Fund Financial Institution:

Authorized Escrow Agent Contact Name and Title:

Physical Address:

Mailing Address:

Telephone Number:

E-mail Address:

Qualified Escrow Account Number:

Qualified Escrow Fund Vermont Subaccount Number:

Escrow Agreement Dated:

c. Escrow Deposit/Withdrawal History for Vermont

Please note: If the space provided in the spreadsheet below is inadequate, please provide a spreadsheet which utilizes the same column headers (Date, Deposit, Withdrawal, Balance) as those provided below.

Date	Deposit	Withdrawal*	Balance

*Withdrawals must comply with 33 V.S.A. §1914(b). Verification of compliance must be provided.

(Initial certification should include a complete history; annual certifications thereafter should include only account deposits and withdrawals not previously reported.)

E. Joint and Several Liability of Importer of Foreign NPM

Pursuant to Title 33 § 1925, each NPM located outside the United States and each importer of such any nonparticipating manufacturer's brand families that are sold in Vermont shall bear joint and several liability for the deposit of all escrow due and the payment of all penalties, costs and attorney fees under section 1914 of Title 33. As a condition to being listed on the Directory, a foreign NPM must submit as a part of its application a fully executed Importer Acceptance of Joint and Several Liability form. The importer's agent for service of process, under Title 33 § 1920(a), is the Vermont Secretary of State.

F. NPM Bond Requirement

Pursuant to Title 33 1918(f), an NPM may be required to post a bond as a condition of being included on Vermont's Directory. Proof of the bond must be submitted with the certification application.

Part 8: Execution by Authorized Designee

*(To be completed by Participating **and** Non-Participating Manufacturers)*

Under penalty of perjury, I certify and declare that all of the statements and information contained in this Certification, including any accompanying statements or attachments hereto, are true, correct, accurate and complete, and that I am an officer or director of the Tobacco Product Manufacturer making this Certification and am a person authorized to bind the Tobacco Product Manufacturer either under the laws of the State of Vermont or the jurisdiction where the manufacturer resides or is organized. Any violation of these requirements or these representations is a basis for removal of the Applicant and/or its brand families from the Directory.

I further certify that the Tobacco Product Manufacturer hereby submits itself to the jurisdiction of the courts of Vermont for purposes of all litigation arising out of this Certification or the sale of tobacco products in Vermont. I further certify that the Tobacco Product Manufacturer shall sell tobacco products only in compliance with all applicable provisions of federal and Vermont laws, rules, and regulations, including, but not limited to: 33 V.S.A. §§ 1912–24 (Qualifying Statute and Complementary Legislation), 20 V.S.A. §§ 2756–57 (Reduced Ignition Propensity Cigarettes) and 7 V.S.A. § 1010 (Ban on shipping tobacco products into Vermont to anyone other than licensed wholesalers, retailers and distributors and internet sales ban), the Family Smoking Prevention and Tobacco Control Act and the PACT Act.

I understand that the Attorney General may require additional information and/or documentation to determine if the Tobacco Product Manufacturer qualifies for listing on the Vermont Tobacco Directory and to determine that the assurances herein are true, correct, and complete; I agree to provide such information upon request, and I understand that failure to do so may constitute grounds for exclusion from the Vermont Tobacco Directory.

Designee:

Title:

Signature of Designee: _____ Date: _____

Subscribed and sworn to before me on this date: _____

City of: _____ County of: _____

State of: _____

Country of: _____

Signature of Notary Public: _____

My Commission expires: _____

Seal: