STATE OF NEVADA

DEPARTMENT OF TAXATION

MAIN OFFICE
3850 Arrowhead Drive
Carson City, Nevada 89706

JOE LOMBARDO
Governor

GEORGE KELESIS
Chair, Nevada Tax Commission

SHELLIE HUGHES
Executive Director

APPLICATION FOR EVENT SPECIFIC TOBACCO LICENSING

Nevada strictly regulates the sale and distribution of cigarettes and Other Tobacco Products ("OTP"). Each person selling or distributing cigarettes or OTP must apply to the Department of Taxation and acquire a license. Pursuant to NRS 370.581, all tobacco licenses are location specific and as such, **all** trade show participants wishing to sell cigarettes or OTP must first secure an Event Specific License, this includes current Nevada licensees. Event Specific Applications must be submitted at least 30 days prior to the event, and must be granted prior to selling any cigarettes or OTP at the event. This license is for the sole purpose of selling approved cigarettes and/or selling or distributing OTP, including roll-your-own ("RYO") cigarette tobacco, at the approved location and date(s). Any person who is not granted an Event Specific License is precluded from selling or distributing OTP, including RYO, or selling cigarettes, and is subject to seizure of all product brought into Nevada.

INSTRUCTIONS

This application must be completed in its entirety by (1) an OTP manufacturer, wholesale dealer or retail dealer, **or** (2) a cigarette manufacturer, wholesale dealer or retail dealer if the applicant intends to sell cigarettes and/or sell or distribute OTP, including RYO, at a trade show event in Nevada.

Applicants selling and/or distributing cigarettes or OTP to an end consumer must check "Tobacco Retail." Applicants selling cigarettes to retail dealers attending an industry show must check "Cigarette Wholesale", and if those cigarettes are not currently on the Nevada Tobacco Directory, "Directory Listing" must also be checked. Applicants selling or otherwise distributing OTP to retail dealers attending an industry show must check "OTP Wholesale." Applicants may apply for more than one license, if necessary.

If making OTP sales at the trade show event, tax must be remitted to the Department of Taxation using a one-time OTP tax return. If the OTP was purchased from a Nevada licensed wholesale dealer who has already remitted the tax, tax may be exempted from the sale; however, the sale must be reported on the one-time OTP tax return and proof of the original purchase invoice must be attached to the tax return.

If making sales of unstamped cigarettes, tax must be remitted to the Department of Taxation using a one-time cigarette tax return.

ALL CIGARETTES OFFERED FOR SALE AT THE TRADESHOW MUST BE FIRE STANDARD COMPLIANT PURSUANT TO NEVADA REVISED STATUTES (NRS) 477.172 THROUGH 477.214. CONTACT DANNY BRENNAN FROM THE FIRE MARSHAL'S OFFICE AT 775-684-7526. FOR INFORMATION REGARDNG FIRE STANDARD COMPLIANCE APPROVAL.

Please check which Event Specific Tobacco License(s) you are applying for:

Tobacco Retail Cigarette Wholesale Directory Listing OTP Wholesale

Name of Event: CHAMPS Trade Shows - Las Vegas Winter	Location of Event: Las Vegas Convention Center
Date(s) of Event: March 16th to 18th 2027	Promoter of Event: CHAMPS Trade Shows - Gage Enterprises
Company Name:	Doing Business As (DBA):
Entity Type (Owner, LLC, Corp, Other):	
Company Physical Address:	
Company Mailing Address (if different than above):	
Name/Title of Contact Person:	
Contact E-Mail Address:	
Contact Telephone Number:	Business Website:
List All States This Company Holds a Business License & Provide Current Copies:	List All States this Company Holds a Tobacco License-Provide Current Copies:

List All Owners, Partners, Corporate Officers, Managers, Members, etc.
(If sole proprietor, list only one owner) If Needed, Attach Additional Sheets

Name:	Title:
Residential Address:	City, State, Zip:
Last 4 of SSN:	Percentage Owned:
Name:	Title:
Residential Address:	City, State, Zip:
Last 4 of SSN:	Percentage Owned:
Name:	Title:
Residential Address:	City, State, Zip:
Last 4 of SSN:	Percentage Owned:
Has Any Owner/Officer Been Convicted of a Tobacco Related Crime? ☐ Y ☐ N	Has Any Owner/Officer Received Civil Penalties Related to Tobacco Enforcement? ☐ Y ☐ N

If Yes, Provide Details Including Owner/Officer Name, Final Outcome of all Tobacco-Related Charges and/or Penalties. If Needed, Add Attachment:

BRAND REGISTRATION OF TOBACCO TO BE SOLD OR DISTRIBUTED

ENCLOSE SAMPLE PICTURES OF PACKAGING FOR EACH BRAND

Brand Family Name	Type of Tobacco (ex. Cigarettes, Hookah, Cigars)	Number of Units Brought

AFFIDAVIT OF OWNER/OFFICER

By signing, I swear under penalty of perjury that the information on this form is true and correct, that the products listed on this form will not be sold or distributed in the State of Nevada, with the exception of the applied for location and date(s), and I understand that executing this form does not foreclose any obligation to comply with all other state and federal laws concerning the sale of tobacco products.

_____ _____

Name of Owner or Authorized Officer (print name) Title

_____ _____

Signature Date