

STATE OF GEORGIA

TOBACCO PRODUCT MANUFACTURER'S CERTIFICATION FOR
NON-PARTICIPATING MANUFACTURERS
Pursuant to O.C.G.A §10-13A-3
For 2021

and

REQUEST FOR LISTING IN
GEORGIA DIRECTORY FOR COMPLIANT TOBACCO PRODUCT MANUFACTURERS
IN 2022

Who is required to file this Certification?

Any Non-Participating tobacco product manufacturer (“NPM”) that sells, intends to sell or has sold cigarettes within the state of Georgia, whether directly or through any distributor, retailer, or similar intermediary. This includes all Non-Participating Manufacturers that appeared on the Georgia Directory of Compliant Tobacco Product Manufacturers (“Georgia Directory”) whether the manufacturer had any sales during the 2021 sales year. Finally, a Non-Participating Manufacturer must submit this certification if it wants to be listed initially or continue to be listed on the Georgia Directory in 2022.

Definitions:

- (a) **“Brand Family”** means all styles of Cigarettes sold under the same trade mark and differentiated from one another by means of additional modifiers or descriptors, including, but not limited to, “menthol,” “lights,” “kings,” and “100s,” and includes any brand name (alone or in conjunction with any other word), trademark, logo, symbol, motto, selling message, **recognizable pattern of colors**, or any other indicia of product identification identical or similar to, or identifiable with, a previously known brand of Cigarettes.
- (b) **“Cigarettes”** means any product that contains nicotine, is intended to be burned or hearted under ordinary conditions of use, and consists of or contains (A) any roll of tobacco wrapped in paper or in any substance not containing tobacco; or (B) tobacco, in any form, that is functional in the product, which because of its appearance, the type of tobacco used in the filler, or its packaging and labeling, is likely to be offered to, or purchased by, consumers as a cigarette; or (C) any roll of tobacco wrapped in any substance containing tobacco which, because of its likely to be offered to, or purchased by, consumers as a cigarette described in clause (A) of this definition. “Heat-not-burn” products are included in the definition of cigarette. The term “cigarette” also includes “roll-your-own” tobacco. 0.09 ounces of “roll-your-own” tobacco one individual cigarette.
- (c) **“Directory”** means the Attorney General’s list of all Tobacco Product Manufacturers that have provided current and accurate certification conforming to the requirements of O.C.G.A§ 10-13A-3 and all Brand Families that are listed in such certifications.
- (d) **“Non-participating manufacturer”** or **“NPM”** means any tobacco product manufacturer that is NOT a signatory to the Master Settlement Agreement, that is, not a Participating Manufacturer as that term is defined in subsection II (jj) of the Master Settlement Agreement and all amendments thereto.

- (e) **“Qualified Escrow Fund”** means an escrow fund established pursuant to an escrow agreement that has been approved by the Attorney General as being in compliance with OCGA§ 10-13A-2(14). The principal balance in the qualified escrow fund must always be maintained so that both the face value and the cost basis of the account are each equal to or greater than the accumulated principal deposits. All escrow agreements must be submitted with this certification.
- (f) **“Tobacco Product Manufacturer”** means an entity that physically manufactures cigarettes anywhere in the world that are intended for sale in the United States, either directly or through an importer; an entity that is the first purchaser of cigarettes that the manufacturer did not intend to be sold in the United States, regardless of where those cigarettes were manufactured; or an entity that becomes a successor to an entity described above.
- (g) **“Unit”** means one cigarette or .09 ounces of “roll your own” tobacco, as defined above.

When is this Certification due?

This Certification must be received by us no later than **Monday, May 2, 2022**. Failure to submit by the deadline may cause your company to be denied listing or removed from the Directory.

Where do I send this Certification?

The Certification must be delivered to the following:

| | | |
|---|------------|--|
| <p>By email to: tobacco@law.ga.gov and By mail to: Business & Finance Section Office of the Attorney General 40 Capital Square Atlanta, Georgia 30334</p> | <p>And</p> | <p>By mail to : Georgia Department of Revenue Alcohol and Tobacco Tax Division 1800 Century Center Boulevard Atlanta, Georgia 30345-3205</p> |
|---|------------|--|

INSTRUCTIONS

Part 1: Manufacturer’s Identification Enter applicant’s name, address, telephone, fax number, electronic mail address, internet address, name and title of person completing report. If applicant is located in the U.S., provide federal tax identification number and TTB Tobacco Manufacturer Permit number. Provide applicant’s Georgia license number and the type of license held.

Check box to certify that applicant is in full compliance with Georgia escrow requirements (O.C.G.A. §§ 10-13-1, et. seq and 10-13A-1, et. seq) and tobacco tax laws (Title 48, Chapter 11).

Part 2: Certification Type Check whether this is an initial certification (if you are not currently listed), required yearly certification from all NPMs currently on the Directory or supplemental certification (containing a change of information previously provided).

Part 3: A. Brand Family Identification List by Brand Family all of the cigarettes that you sold or intend to sell in Georgia, whether directly or through any distributor, retailer, or similar intermediary and the number of individual cigarettes (units) sold in 2021. **Only the brands you list will be eligible to be included in the Directory.**

Include the following in the certification: a list of all Brand Families, and the number of units for each Brand Family that were sold in Georgia during 2021; and identify the fabricator of each Brand Family.

A Non-Participating Manufacturer may not include a Brand Family in its Certification unless it affirms that it is the tobacco product manufacturer of the Brand Family and the Brand Family is to be deemed its Cigarettes for purposes of O.C.G.A. § 10-13-1, et seq. A Non-Participating Manufacturer shall update such list thirty calendar days prior to any addition to or modification of its Brand Families by executing and delivering a supplemental certification to the Attorney General and Department of Revenue.

For Each Brand Family

1. Provide the latest compliance letter from the CDC indicating compliance with the ingredient submission requirements.
2. Provide the compliance letter from the FTC indicating compliance with warning rotation plan requirements.
3. Provide proof of submission of required documentation to FDA or a copy of any approval document received from the FDA with regard to the issue of "substantial equivalence."
4. Provide information regarding the ownership of the brand trademark including documentation that evidences that the applicant owns or is permitted to use the trademark.

B. Fire Safe Compliance: It is unlawful to offer for sale in Georgia any cigarette that is not compliant with the Georgia Fire Safety Standard and Firefighter Protection Act, O.C.G.A. § 24-4-1, et seq. Indicate whether each brand family listed has been approved by the Georgia Fire Safety Commission as fire-safe compliant. Do not list a brand family unless the required information has been submitted to the Georgia Fire Safety Commissioner required package markings approved. **Submit a website print out or other evidence that each brand family has been approved by the Georgia Fire Safety Commissioner.**

C. Fabricator: Identify for each Brand Family the name and address of any other fabricator of such Brand Family (either current or past fabricator). For each fabricator identify the time period during which the party fabricated the brand and whether the brand was sold in Georgia from 1999-present.

D. Other Brand Families: Identify any other brand families fabricated by applicant or which the applicant currently owns or has rights to use the brand trademark and/or formula.

E. Manufacturing Facility Identification: Enter the name, owner, address, phone and fax number of the factory that currently fabricates the cigarettes or roll your own ("RYO") tobacco listed. Indicate the name and address of other company that has access to or utilizes the same facility.

Part 4: Registered Agent: Each Non-Participating Manufacturer must:

Appoint an agent for service of process and complete and submit Form AG-02 (NPM's Appointment of Registered Agent & Registered Agent's Statement Form.) The agent for service of process listed in this section must be the same as the agent appointed in Form AG-02.

Part 5: Escrow Account:

State the name, address, representative and telephone number of the financial institution where the Non-Participating Manufacturer has established a Qualified Escrow Fund pursuant to O.C.G.A. § 10-13A-2(14) and the account number of such Qualified Escrow Fund and any sub-account number for Georgia. If you have more than one escrow account for Georgia, provide this information for each account.

All Non-Participating Manufacturers must submit an escrow account that meets the revised definition of "Qualified Escrow Fund" in O.C.G.A. § 10-23A-2(14). A form account agreement meeting those requirements can be found on the Attorney General's website

Read and certify the statements regarding your escrow account.

Attach a copy of your Escrow Agreement with all amendments. If you have more than one escrow account for Georgia, attach an agreement for each account.

Part 6: Non-Participating Manufacturer Escrow Deposit Calculation

List by brand family name the number of units sold in Georgia in 2021.

Calculate the total amount due and any additional amounts still owed. Additional amounts must be deposited by April 15, 2022.

Note: the per unit escrow amount due for 2021 is .0394647. This is greater than the estimated per unit amount of .0379765 used to calculate quarterly escrow payments. This means that ALL NPMs that deposited escrow in 2021 on a quarterly basis will owe an additional amount into escrow.

Part 7: Non-Participating Manufacturer Escrow History

- A. List by quarter the amount of escrow deposited by the Applicant for the last 12 quarters.
- B. List the amount and date of each deposit and withdrawal or transfer of funds.

Attach proof of deposits for 2021 sales and a copy of your most recent bank statement showing the current Georgia account balance and account investments.

Part 8: Bond Information:

- A. List the amount of the bond posted for the benefit of Georgia. The amount of the Bond must be the greater of \$50,000 or the highest amount escrow owed in Georgia by the applicant or its predecessor in the last twelve (12) quarters.
- B. List the contact name, company, address, county of residence, phone, fax, and email address of Bonding Company.

Complete and submit NPM Bond Form (AG-07)

Part 9: Distributors and Importer:

- A. **Distributors:** List the name and addresses of all distributors/wholesalers who sold your products in or into Georgia during 2021. Indicate if the Applicant or the Distributor applied Georgia tax stamps to the product.

- B. Importer:** If the NPM is located outside of the U.S., provide the required importer information: list the contact name, company, address, county of residence, phone, fax, email address, and tobacco importer permit number. Provide the requested additional information regarding importer.

If NPM is located outside of the U.S. submit copy of completed Importer's Acceptance of Joint and Several Liability Form (AG-06)

Part 10: Additional Information: Provide the requested response and a full explanation of circumstances. Provide the additional requested documentation. If necessary, add additional pages.

Part 11: Provide the additional material requested

Part 12: Federal Excise Tax Paid:

- A.** Provide the total number of cigarettes and Roll-Your-Own tobacco on which Federal Excise Tax was paid during 2021.
- B.** Provide the total number of cigarettes and Roll-Your-Own tobacco reported on your PACT Act reports during 2021.

Part 13: Execution by Authorized Designees: The person executing the Certification must be an authorized representative of the Tobacco Product Manufacturer identified in Part 1. The Designee's name and title must be legibly printed and the Certification must be executed in the presence of an authorized notary.

Complete the Certificate of Compliance Affidavit of Units Sold and Escrow Deposited for Georgia in 2021

You may email any questions about this form to tobacco@law.ga.gov

For questions regarding additional licensing or reporting requirements to ship tobacco into the State contact the Georgia Department of Revenue at 404-471-4900 or atdiv@dor.ga.gov

2021
STATE OF GEORGIA
TOBACCO PRODUCT MANUFACTURER'S CERTIFICATION
FOR NON-PARTICIPATING MANUFACTURERS
AND
REQUEST FOR LISTING IN
GEORGIA DIRECTORY FOR COMPLIANT TOBACCO PRODUCT MANUFACTURERS
IN 2022

Part 1: Tobacco Product Manufacturer Identification

| | |
|--|---|
| Company : | |
| Address : | |
| Address : | |
| Phone : | Fax : |
| Email : | Web Address : |
| Name/Title of person completing report : | |
| If located in the U.S. : Manufacturer's Federal I.D.# | <input type="checkbox"/> NOT APPLICABLE |
| If located in the U.S. : Manufacturer TTB Permit # (attach copy) : | <input type="checkbox"/> NOT APPLICABLE |
| Georgia license # and license type (attach copy) : | |

The Tobacco Product Manufacturer identified above certifies that, as of the date of this Certification:

It is a Non-Participating Tobacco Product Manufacturer in full compliance with O.C.G.A. § 10-13-1, et. seq, O.C.G.A.§ 10-13A-1, et. seq, and Official Code of Georgia, Title 48, Chapter 11.

Part 2: Certification Type

This form is a (check one):

- Initial certification – Manufacturer is not currently listed on the Georgia Directory of Compliant Tobacco Product Manufacturers (“Directory”)
- Yearly certification – Due May 2, 2022 for Non-Participating Manufacturers currently appearing on the Georgia Directory of Compliant Tobacco Product Manufacturers
- Supplemental certification – Change of information previously provided.
Change of information must be submitted 30 days prior to change.

Part 3: Brands

A. Brand Family Identification (Attach additional Sheets if Necessary)

Identify all brands that are requested to appear on Directory.

| BRAND FAMILY | CIGARETTE OR RYO | UNITS SOLD IN 2021 (.09 oz. of RYO EQUALS 1 UNIT) | FABRICATOR -IF DIFFERENT FROM APPLICANT |
|--------------|------------------|--|---|
| | | | |
| | | | |

| BRAND FAMILY | CIGARETTE OR RYO | UNITS SOLD IN 2021 (.09 oz. of RYO EQUALS 1 UNIT) | FABRICATOR -IF DIFFERENT FROM APPLICANT |
|--------------|------------------|--|---|
| | | | |
| | | | |

For each brand family identified above, I have:

- Provided a copy of the current certificate of compliance issued by the Department of Health and Human Services, Centers for Disease Control and Prevention, and the Office on Smoking Health showing compliance with the ingredient list submission requirement of 15 U.S.C §1335a;
- Provided a copy of the current approval letter from the Federal Trade Commission (“FTC”) pursuant to 15 U.S.C. §1335a with regard to the warning rotation plan;
- Provided proof of submission of required documentation to the Food and Drug Administration (“FDA”) or a copy of any decision document received from the FDA with regard to the Family Smoking Prevention and Tobacco Control Act, P.L. 111-31, 123 Stat. 1784, 21 U.S.C. § 387 and the issue of “substantial equivalence.”
- Provided information regarding the ownership of the brand trademark including documentation that evidences that the applicant owns or is permitted to use the trademark.

B. Fire-Safe Compliance

It is unlawful to offer for sale in Georgia any cigarette that is not compliant with the Georgia Fire Safety Standard and Firefighter Protection, O.C.G.A. § 24-4-1, et seq. Are each of the cigarette brand families listed herein fire-safe compliant and certified by the Georgia Safety Fire Commission.

- Yes
- No

Do not submit a brand family for listing unless the required information has been submitted to the Georgia Fire Safety Commissioner and required package markings approved.

SUBMIT INFORMATION FROM THE GEORGIA FIRE SAFETY COMMISSIONER REGARDING APPROVAL

C. Previous Fabricators

For each brand family listed above, list the name and address of any other manufacturer who has fabricated the brand family since 1999 or is currently fabricating the brand family.

| BRAND FAMILY | NAME OF PREVIOUS OR OTHER CURRENT MANUFACTURER | DATES OF MANUFACTURE | WAS BRAND SOLD IN GEORGIA FROM 1999-PRESENT? |
|--------------|--|----------------------|--|
| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |

NOT APPLICABLE

Note: By including a brand family in its certification, a Non-Participating Manufacturer affirms that the brand family is deemed its cigarettes for escrow purposes for the 2021 and 2022 sales years. However, the Attorney

General retains the discretion to determine whether the listed brand family is actually the cigarette of another tobacco product manufacturer.

D. Other Brands

Identify any other brand families which Applicant has manufactured, sold, owned, or controlled since 1999 which are not sought to be certified in the Directory.

| BRAND FAMILY | DATES OF MANUFACTURE | WAS BRAND SOLD IN GEORGIA FROM 1999-PRESENT? |
|--------------|----------------------|--|
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO |

NOT APPLICABLE

E. Manufacturing Facility Identification

| | |
|--|--------------------|
| FACTORY NAME : | PHONE: |
| FACTORY OWNER : | EMAIL : |
| STREET: | CITY, STATE, ZIP : |
| NAME OF ANY OTHER COMPANY WITH ACCESS TO FACTORY : | |
| <input type="checkbox"/> NOT APPLICABLE | |

Part 4: Registered Agent

Registered Agent / Approved Agent for Service of Process:

| | |
|----------------------|-------------------|
| AGENT NAME: | COMPANY: |
| STREET: | CITY, STATE, ZIP: |
| COUNTY OF RESIDENCE: | PHONE: |
| FAX: | EMAIL: |

Complete and submit an Appointment of Registered Agent for the State of Georgia and Registered Agent's Statement form (Form AG-02)

Part 5: Qualified Escrow Fund – Financial Institution

| | |
|----------------------|---------------------|
| NAME OF INSTITUTION: | |
| ADDRESS: | |
| REPRESENTATIVE: | |
| PHONE: | |
| ESCROW ACCT NO.: | GEORGIA SUBACCOUNT: |

Attach an escrow agreement meeting the requirements of O.C.G.A § 10-13a-2(14).
An agreement meeting the requirements can be found at: www.law.ga.gov

The Applicant certifies that it has:

Established and continues to maintain a Qualified Escrow Account as defined by O.C.G.A § 10-13A-2(14).

- Attached a copy of the executed Qualified Escrow Account that has been reviewed and approved by the Georgia Attorney General's Office.
- Ensured that the funds held in the Qualified Escrow Account on behalf of Georgia are in a segregated account, separate and apart from the escrow funds held on behalf of any other beneficiary.
- Ensured that the Qualified Escrow Account is not encumbered by a security interest granted to a third party.

Part 6: Non-Participating Manufacturer Escrow Deposit Calculation

A. Liability Year: 2021

The liability year for this certification is January 1, 2021 through December 31, 2021.

B. Units Sold: The number of individual cigarettes or units of RYO sold in Georgia in 2021 by brand is:

| | |
|-------------------|-----------------------------|
| Brand Name: _____ | Number of units sold: _____ |
| Brand Name: _____ | Number of units sold: _____ |
| Brand Name: _____ | Number of units sold: _____ |
| Brand Name: _____ | Number of units sold: _____ |
| | Total : _____ |

C. Calculating the Deposit Amount

Follow these steps to calculate the appropriate amount to be deposited for the liability year 2021:

- 1) Enter the total number from Part 6 Section B above: _____
- 2) Multiply that amount by .0394647 the combined 2021 Base Amount and Inflation Adjustment: _____ x.0394647
- 3) Enter the total here: _____
- 4) Enter the total amount deposited into escrow for 2021 sales during the 2021 sales year: _____
- 5) Subtract line (4) from line (3), enter the total here: _____

The amount that must be deposited on or before April 15, 2022 for the liability year 2021 will be the amount shown in Line C(5).

Attach a copy of your quarterly receipts or other proof of deposit for 2021 sales from your financial institution.

Part 7: Non-Participating Manufacturer Escrow History:

A. Escrow Deposit Amounts for last 12 Quarters:

2022

| | |
|-------------------------|--|
| 1 ST QUARTER | |
|-------------------------|--|

2021

| | |
|-------------------------|-------------------------|
| 1 ST QUARTER | 2 ND QUARTER |
| 3 RD QUARTER | 4 TH QUARTER |

2020

| | |
|-------------------------|-------------------------|
| 1 ST QUARTER | 2 ND QUARTER |
| 3 RD QUARTER | 4 TH QUARTER |

2019

| | |
|-------------------------|-------------------------|
| 1 ST QUARTER | 2 ND QUARTER |
| 3 RD QUARTER | 4 TH QUARTER |

B. Escrow Deposit/Withdrawal History for Georgia

| Date | Deposit | Withdrawal <small>Withdrawals must comply with O.C.G.A. §10-13-3-(2)(B). Verification of compliance must be provided.</small> | Balance |
|------|---------|--|---------|
| | | | |
| | | | |
| | | | |
| | | | |

Attach a copy of bank statement showing the current Georgia account balance and current investments.

The Applicant certifies that it has:

- Attached information documenting all deposits and withdrawals from the Qualified Escrow Account during the last year and proof of the current escrow account balance(s) from the Escrow Agent.
- Attached an annual bank statement for the Qualified Escrow Account(s) showing Georgia account balance and all current investments.

Part 8: Bond information

A. Bond

Amount of Bond : _____ Expiration date: _____ No Expiration Date

Bond must be the greater of Fifty Thousand Dollars (\$50,000) or the highest amount of escrow owed in Georgia by the Non-Participating Manufacturer or its predecessor in the last 12 quarters.

B. Bonding Company:

| | |
|-------------------|-------------------|
| AGENT NAME: | COMPANY: |
| STREET: | CITY, STATE, ZIP: |
| COUNTY RESIDENCE: | PHONE: |
| FAX: | EMAIL: |

Complete and submit NPM Bond Form (Form AG-07)

Part 9: Distributor and Importer Information:

A. Distributors/Wholesalers

List the names and addresses of all distributors/wholesalers who sold cigarette or roll-your-own products fabricated by the Applicant into Georgia in 2021 or 2022. For each distributor, list the name, address, email address. For each distributor, indicate whether the Applicant or distributor applies tax stamps to the product.

| Distributor Name | Address | Brands | Email address | Stamped by Manufacturer | Stamped by Distributor |
|------------------|---------|--------|---------------|--------------------------|--------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

NOT APPLICABLE

B. Importer Information:

If NPM is located outside the United States, provide the following importer information:

| | |
|-----------------------------|--------------------------|
| IMPORTER: | CONTACT NAME: |
| STREET: | CITY, STATE, ZIP: |
| COUNTY OF RESIDENCE: | PHONE: |
| FAX: | EMAIL: |
| TI PERMIT NO.: | |

NOT APPLICABLE

| | |
|--|--|
| Is Importer in compliance with all reporting and registration requirements of the PACT Act, 15 U.S.C. § 376, 376a? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Does Importer accept joint and several liability with the Non-Participating Manufacturer for all escrow obligations, as well as payment of all civil penalties, and reasonable costs and expenses of prosecution for failure of to deposit escrow obligations? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Does Importer consent to personal jurisdiction in Georgia for purposes of claims by the state with regard to escrow obligations? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Has Importer appointed registered agent for service of process? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Attach copy of Tobacco Importer Acceptance of Joint and Several Liability (Form AG-06) and Importer's Appointment of Registered Agent Form (Form AG-02)

Part 10: Additional Information

Check Yes, No, or Not Applicable (N/A) as appropriate for all questions. Provide additional information and continue on a separate page, as necessary.

| | |
|---|---|
| Has either the applicant or any of its brand families ever been denied listing or removed from the "approved for sale" tobacco products directory of any state? If yes, please explain: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Does the Applicant ship its products directly into Georgia? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

| | |
|---|---|
| Does the Applicant affirmatively certify that it and all of its importer(s) hold valid permits to engage in business as a manufacturer and/or importer(s) of tobacco products or processed tobacco, respectively under 26 U.S.C. §5713? | <input type="checkbox"/> YES <input type="checkbox"/> NO N/A |
| Does the Applicant sell cigarettes via the internet or in catalogs and use the mail or other delivery service to deliver cigarettes to Georgia customers? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If yes, Applicant has provided notice to the FDA pursuant to 21 C.F.R. Part 1140.30. | <input type="checkbox"/> YES <input type="checkbox"/> NO N/A |
| Has any state or federal court or a state or federal administrative tribunal issued a court judgement or administrative order against the Applicant? If yes, provide court, case number, and date of judgement or order: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Has applicant paid or satisfied all court judgements or orders in state or federal courts (or administrative tribunals) regarding the sale of tobacco products? If no, provide an explanation: | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| Is Applicant enjoined or banned from selling any cigarette by court order, state or federal agency ruling or determination? If yes, provide an explanation: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Has a state or federal court entered a judgement finding that the Applicant engaged in an unfair business practice? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Has Applicant or any person or affiliate been denied a permit, license, or other authorization to engage in any business related to the sale of tobacco by any government entity (state, federal, foreign) or had such permit revoked, suspended, or otherwise terminated? If yes, provide details: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Has Applicant or any person or party listed in the certification been indicated or convicted or a crime under federal, state, or foreign laws in connection with the sale of cigarettes or RYO? If yes, provide details including case and/or docket number, charge, and court: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Is Applicant or any other party or person listed in the certification entitled to claim sovereign immunity? If so, provide information on sovereign status: | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Part 11: Additional Documents: Applicant provided the following:

- Provided a list of all company officers and company owners. Include name, address, phone and email address.
- Provided copy of federal manufacturing license and Georgia state license(s).
- Provided copies of any court documents referenced in Part 10 above.

Part 12: Federal Excise Tax Paid

A. Total nationwide sales on which Federal Excise Tax was paid during the preceding calendar year:

B. Total Nationwide Sales reported pursuant to 15 U.S.C. § 376 (PACT) during the preceding calendar year: _____

Part 13: Execution by Authorized Designee

This certification must be signed by a qualified company officer authorized to bind the applicant company.

By executing this document, I confirm that my position with the company and my actual authority to certify on behalf of the applicant meets the foregoing requirements.

By executing this document, I confirm that the Non-Participating Manufacturer consents to be sued in the courts of the State of Georgia for purposes of the State: (a) enforcing O.C.G.A. §10-13-1, et seq. 10-13A-1, et seq. and Title 48, Chapter 11 and any regulations promulgated pursuant to those provisions, and (b) bringing a released claim as defined in 10-13-2(8).

I also confirm that such Non-Participating Manufacturer has posted the appropriate bond required under O.C.G.A. §10-13A-7.

I understand the Georgia Attorney General may require additional information and/or documentation to determine if the Applicant company or brands are in compliance with Georgia law and qualify for the Georgia Directory.

Under penalty of perjury, I state that the information contained in this Certification and attachments is true and accurate.

Designee (Print Name): _____ Title: _____
Signature of Designee: _____ Date: _____

Subscribed and sworn to before me on this date: _____
Signature of Notary Public: _____ City or County of: _____
My Commission expires: _____

CERTIFICATE OF COMPLIANCE
AFFIDAVIT OF UNITS SOLD and ESCROW DEPOSITED FOR GEORGIA IN 2021

Under penalty of perjury, I _____ (name) hereby certify that I have knowledge of the information contained herein and in the accompanying **TOBACCO PRODUCT MANUFACTURER'S CERTIFICATION FOR NON-PARTICIPATING MANUFACTURERS FOR 2021 and REQUEST FOR LISTING IN GEORGIA DIRECTORY OF COMPLAINT TOBACCO PRODUCT MANUFACTURERS IN 2022** of _____ (name of Tobacco Product Manufacturer).

I certify that I am the _____ (office, position, or title) of the Tobacco Product Manufacturer.

I certify that I have the authority to bind the Tobacco Product Manufacturer in matters relating to the information contained in the **TOBACCO PRODUCT MANUFACTURER'S CERTIFICATION FOR NON-PARTICIPATING MANUFACTURERS FOR 2021 and REQUEST FOR LISTING IN GEORGIA DIRECTORY OF COMPLAINT TOBACCO PRODUCT MANUFACTURERS IN 2022**, including information related to the number of units sold in Georgia in 2021 and the amount of escrow deposited for those sales.

I certify that there were _____ units sold by the Tobacco Product Manufacturer in 2021 in Georgia and that the Tobacco Product Manufacturer deposited \$ _____ into escrow as a result of these sales.

Under penalty of perjury, I state that the information contained in the Affidavit is true and accurate.

Designee (Print Name): _____ Title: _____

Signature of Designee: _____ Date: _____

Subscribed and sworn to before me on this date: _____

Signature of Notary Public: _____ City or County of: _____

My Commission expires: _____

Mail and email the completed certificate of compliance to:

| | | |
|--------------------------------|-----|----------------------------------|
| Business & Finance Section | | Georgia Department of Revenue |
| Office of the Attorney General | And | Alcohol and Tobacco Tax Division |
| 40 Capital Square | | 1800 Century Center Boulevard |
| Atlanta, Georgia 30334 | | Atlanta, Georgia 30345-3205 |

Please send an additional copy by email to tobacco@law.ga.gov.