



JUS-TOB1 (Rev. 09/2020)

PΑ	ART I: Certification	on Type
A.	Applicant:	
В.	Application year:	
C.	Application type:	
		Initial certification – Applicant is not currently listed on the California Tobacco Directory.
		Annual certification – Applicant is currently listed on the California Tobacco Directory and seeks to reestablish Directory eligibility.
		Supplemental certification – Information in support of Applicant's last certification (JUS-TOB1 Rev. 09/2020) is no longer current, accurate, or complete. Alternatively, Applicant is requesting to add or remove Brand Styles from the California Tobacco Directory
D.	Application version	on:
		If Applicant has submitted more than one JUS-TOB1 this year, describe the pending certification. For example, responses may include Amended Annual, Second Amended Annual, First Supplemental, etc.
	in support of A	carefully read and reviewed all definitions, instructions, forms and exhibits Applicant's certification, including but not limited to Title 11, California Codes Sections 999.10-999.29 and Definitions (JUS-TOB8 (Rev. 09/2020)).
	Applicant's ce	erstands that all statements, information, and exhibits in support of ertification are sworn under the penalty of perjury and/or criminal nder the laws of California.
	999.17, if any	erstands that, under Title 11, California Code of Regulations Section information within this certification is no longer current, accurate, or plicant shall submit a supplemental certification within thirty (30) days of the
	Applicant und	erstands that incomplete or illegible submissions will not be processed.

#### **PART II: Applicant**

A. Primary contact person designated by Applicant

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If the Office of the Attorney General has questions or requires additional information, documents, or other submissions, Applicant instructs the Office of the Attorney General to first contact:

Name:	
Telephone number:	
Email address:	
Mailing address:	
B. Applicant's information	
Name:	
Telephone number:	
Email address:	
Mailing address:	
C. Applicant's attorney	
Name and firm:	
Telephone number:	-
Email address:	
Mailing address:	



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A	which is attached includes: (1) all E Tobacco Director anywhere in the Styles of Cigaret the past thirty-nir	ed a complete and act as Exhibit B and is in Brand Styles of Cigardry; (2) all Brand Style United States within the tes that Applicant Falme (39) months; and (arter(s) imported into the	ncorporated by rettes that Applica s of Cigarettes the the past thirty-nin pricated in the U (4) all Brand Styl	reference. A ant seeks to hat Applical ne (39) mor Inited States les of Cigard	Applicar o list on of Fabrion of	nt's Brand the Califo cated for all Brand port-only c at Applica	List ornia sale l during nt or
E	Applicant identification remove, or recent the Brand Styles Directory. Column the California Tolon California Tolon Applicant seeks to the California State of California Tolon California Tolon California Tolon California State of California Tolon California Tolon California State of California Tolon California California Tolon California Ca	A, B, C, and D of Exhi ed all the Brand Style tify for listing on the C of Cigarettes that Ap in B identifies the Bra bacco Directory and a bacco Directory. Colu to remove from the C of Cigarettes that Ap ry.	es of Cigarettes to California Tobaco oplicant seeks to and Styles of Cigarets Applicant seeks mn C identifies to alifornia Tobacc	that Applica co Directory add to the arettes that to reestabli the Brand S co Directory.	nt seek Colum Californ are cur sh eligit tyles of Colum	s to add, nn A ident ia Tobacc rently liste pility for list Cigarette n D identi	ifies co ed on sting es that fies
C	provided all carto	G and H of Exhibit B / on and pack UPCs us tes listed on Exhibit E	sed or otherwise	associated	with all	of the Bra	
[	) (Initial) A	Applicant is a Participace with the payment of		rer under th	e MSA		
	•		· ·	No		Yes	
E	any arguments b	Applicant acknowledg by California regarding unts owed under the	g the entities res MSA by Applica	ponsible for	payme	ents under de addres	the sed by
Part	IV: Fabrication						
A.	The Cigarettes the Fabricated:	nat Applicant seeks to	o list on the Calif	ornia Tobad	cco Dire	ectory are	
	or	nly in the United State	es				
	or	nly outside the United	States				
		ny datara and dimed	- Claro				



both inside and outside of the United States
Currently, how many entities Fabricate any Cigarettes for Applicant or Applicant's Affiliates? Identify each Fabricator by name, physical address of all factories (not a mailing address), and federal manufacturer and/or importer permit number(s).
(Alternatively, Applicant's response is attached as Exhibit / FABRICATOR(S))
Other than the entities identified in your response to question IV.B. above, has any Person used the factory or factories identified in your response to question IV.B. to Fabricate any Cigarettes during the last five (5) years? <b>No</b> $\Box$ <b>Yes</b> $\Box$
If Applicant's answer is "Yes," a written response that identifies all Persons that Fabricated any Cigarettes at the factory during the last five (5) years and all the Brand Family names of all the Cigarettes Fabricated is attached as Exhibit / FACILITY SHARING.
During the past five (5) years, how many entities have Fabricated any Cigarettes for Applicant or Applicant's Affiliates? Identify each Fabricator by name(s), physical address(es) of all factories (not a mailing address), and federal manufacturer and/or importers permit number(s).
(Alternatively, Applicant's response is attached as Exhibit / FABRICATOR(S))
During the past five (5) years, did the physical location of any factory that Fabricated a Cigarettes for Applicant or Applicant's Affiliates change? No $\Box$ Yes $\Box$
During the past five (5) years, has Applicant or any of Applicant's Affiliates Fabricated any Cigarettes for anyone other than Applicant? <b>No</b> $\square$ <b>Yes</b> $\square$
During the past five (5) years, has anyone Fabricated any Cigarettes for Applicant or Applicant's Affiliates? No □ Yes □



	If Applicant responded "Yes" to questions IV.F or IV.G, a narrative describing all contract and/or "private label" manufacturing during the past five (5) years is attached as Exhibit/ CONTRACT MANUFACTURING. The narrative shall include, at least, the identity of each Fabricator by name(s), physical address(es) of all factories (not a mailing address), and the federal manufacturer and/or importer permit number(s), the Brand Families fabricated by Brand Family name, and the date(s) of fabrication.
Ⅎ.	Copies of all of Applicant's current federal manufacturer and/or importers permit(s) are attached as Exhibit / TTB PERMIT.
	A copy of Applicant's current manufacturer and/or importer license issued by the California Department of Tax and Fee Administration ("CDTFA") is attached as Exhibit/ CDTFA LICENSE.
J.	Does Applicant or any of Applicant's Affiliates license, share, lease, or rent any Cigarettes Brand Family trademark from any Person? <b>No</b> $\square$ <b>Yes</b> $\square$
	If Applicant answered "Yes," a list containing all the: trademark names licensed, leased, or rented; trademark numbers; and names, addresses, and telephone numbers of the trademark owners is attached as Exhibit/ Trademarks.
PART	V: IMPORTER
۹.	Are any of Applicant's Cigarettes Fabricated outside the United States and imported into the United States? No $\Box$ Yes $\Box$
	If Applicant answered "No," Applicant may proceed to Part VIII.
3.	During the past thirty-nine (39) months, how many importers have imported Applicant's Cigarettes into the United States?
С.	Identify each of Applicant's importers during the past thirty-nine (39) months by name, address, FIEN, and TTB importer permit number.
	(Alternatively, Applicant's response is attached as Exhibit / IMPORTER(S))



A.	Has Applicant waived any purported claim to sovereign im (Rev. 10/20211), JUS-TOB10 (Rev. 10/2011), or JUS-TOB	B11 (R		011)?	B9
		No		Yes	
	If Applicant answered "Yes," copies of Applicant's JUS-TOB11 are attached as Exhibit / WAIVERS.	DB9, JU	JS-TOB	10, or JU	S-
	If Applicant answered "No" to question VIII.A, attach a fully Manufacturer and Importer Surety Bond (JUS-TOB14 (ReBOND.				bacco /
B.	Amount of Applicant's surety bond for the benefit of Califo	rnia			
C.	Name of bond company:				
D.	A letter from Applicant's bond company dated this calendathe attached surety bond remains in place is attached as ELETTER.				
Section	on VII: PACT Act Compliance				
A.	Has Applicant registered with the Federal Bureau of Alcoh ("ATF") ATF under the Prevent All Cigarette Trafficking Ac ("PACT Act")?	,	,		
В.	Has Applicant registered with the California Department of ("CDTFA") under the PACT Act?	of Tax a	and Fee □	Administ <b>Yes</b>	ration
C.	During the past sixteen (16) months, did Applicant sell, tra California or between points in California through any India			Cigarettes	into
		No		Yes	
D.	During the past sixteen (16) months, did Applicant file PAG N/A □	CT Act <b>No</b>	reports	with CDT <b>Yes</b>	FA?
E.	Identify all entities that sold, transferred, or shipped any C Applicant or Applicant's Affiliates into California or betwee any Indian Country during the past sixteen (16) months.				ough

	(Alterr	natively, Applicant's response is attached as Exhibit		_/SHIP	PER(S).)	)					
F.	Does Applicant anticipate that any additional entities will sell, transfer, or ship any Cigarettes fabricated by Applicant or any of Applicant's Affiliates into California or between points in California through any Indian Country during the next twelve (12 months?										
			No		Yes						
	If Applicant answered "Yes," list the additional entities here:										
	(Alterr	natively, Applicant's response is attached as Exhibit		_/ SHIP	PER(S).	)					
Secti	on VIII:	Federal Excise Tax									
A.	How many entities paid or will pay federal excise tax on any of the Cigarette Brand Styles listed on Exhibit B / Brand List (JUS-TOB15 (Rev. 09/2020)) for the preceding calendar year?										
B.	Identify all entities that paid or will pay federal excise tax on any of the Cigarette Brand Styles listed on Exhibit B / Brand List (JUS-TOB15 (Rev. 09/2020)) during the preceding calendar year.										
C.	Applic	ant has provided the Office of the Attorney General	with:								
		copies of all tax returns reflecting all of the federal Cigarettes Brand Styles listed on Exhibit B / Brand 09/2020)) during the preceding calendar year; or									
		written consent to obtain all tax returns reflecting a on all of the Cigarettes Brand Styles listed on Exhi (Rev. 09/2020)) during the preceding calendar year	bit B / E								

Secti	ion IX:	Cigarette Fire Safety Standard Compliance
	letter: Cigar	each Brand Style that Applicant seeks to list on the California Tobacco Directory, all s and supporting documentation establishing compliance with the California rette Fire Safety and Firefighter Protection Act, Health and Safety Code sections 0-14959, are attached as Exhibit/ FIRE STANDARD COMPLIANT.
Secti	ion X: I	Packaging or Labeling
	For e	each Brand Style that Applicant seeks to list on the California Tobacco Directory:
		Electronic copies of all packaging or labeling that was not previously provided to the Office of the Attorney General are attached as Exhibit / PACKAGING. Do not submit actual packaging or labeling; or
		Applicant certifies that: none of its packaging has changed since Applicant's last submission to Office of the Attorney General; and the Office of the Attorney General has received electronic copies of all of Applicant's current packaging.
		The Office of the Attorney General is not approving Applicant's packaging through the Directory certification process.
Secti	ion XI:	Federal Trade Commission Rotation Plan Compliance
	copie Trade	each Brand Style that Applicant seeks to list on the California Tobacco Directory, as of the complete and unredacted warning rotation plan(s) submitted to the Federa Commission ("FTC") pursuant to 15 U.S.C. § 1333 and the FTC's current approvator for each Brand Family are attached as Exhibit/ FTC APPLICATIONS.
Secti	ion XII:	FDA Compliance
A.	Style curre with S	the United States Food and Drug Administration ("FDA") determined that any Brand of Cigarettes on Exhibit B / Brand List (JUS-TOB 15 (Rev. 09/2020)) is not ntly lawful for sale in the United States, including but not limited to not compliant Substantial Equivalence under section 905(j) of the Federal Food, Drug and netic Act?
B.	Cigar sale i	FDA issued a finding or otherwise advised Applicant that any Brand Style of rettes on Exhibit B / Brand List (JUS-TOB 15 (Rev. 09/2020)) may not be lawful for in the United States, including but not limited to compliance with Substantial valence under section 905(j) of the Federal Food, Drug and Cosmetic Act?  No  Yes
C.		cant will notify the Office of the Attorney General within five (5) business days if DA or any other federal or state agency finds or issues a statement that any Brand

	California.	No No	tne Uni	red States	s or
Section	on XIII: Department of Health and Human Services Ingr	edient (	Compli	ance	
	For each Brand Style that Applicant seeks to list on the Cacopies of the current documentation from the Department Services establishing compliance with 15 U.S.C. § 1333a DHHS INGREDIENT.	of Heal	th and	Human	ory, /
Section	on XIV: Additional Questions				
A.	Has Applicant's business structure or owners changed sin Seeking Listing on the California Tobacco Directory (JUS-				fication
		No		Yes	
B.	Does Applicant or any of Applicant's Affiliates have any coany Non-Participating Manufacturer?	ntract c	r other	agreeme	nt with
		No		Yes	
C.	Is Applicant or any of Applicant's Affiliates prohibited, enjourned any Cigarettes in any state or in the United States by any forum, or state or federal agency order, ruling, or other decorations.	court or	der, ad		_
		No		Yes	
D.	Does any state or the United States government have any Applicant or any of Applicant's Affiliates?	unsatis <b>No</b>	sfied ju	dgment a	gainst
E.	During the past five (5) years, has Applicant or any of App as a party in a criminal or civil proceeding related to the m Cigarettes in the United States or any state?				
F.	During the past five (5) years, has Applicant withdrawn an application seeking listing on a state's tobacco directory be decision on any portion of the certification or application?	efore th			a
	If Applicant answered "Yes" to any of questions A-F above Applicant's answer(s) is attached as Exhibit Appli at least, the names of the states, dates, years, Brand Fam and numbers involved, and/or dates the ownership or busibecame effective.	cant's r	espons ersons,	se shall co case nan	ntain,
G.	During the past five (5) years, has any state denied any particle. Applicant seeking listing on any state's tobacco directory?		certifica	ation by <b>Yes</b>	

	If Applicant answered "Yes", attach a narrative that includes the state(s), year(s) and attach a copy of the letter(s) or notice(s) of denial. Exhibit								
H.	Has any of Applicant's owners or officers, or the officers or Affiliates ever been an owner or officer of another tobacco contends did not make the escrow deposits required by a second contends.	compar	y that a	state	utute?				
	If Applicant answered "Yes," attach a narrative that fully explains Applicant's answer, including but not limited to the owner(s) or officer(s) and the companies and states(s) involved is attached as Exhibit								
I.	I. Over the past three (3) years, has Applicant's average annual gross receipts totaled less than fifteen million dollars (\$15,000,000)? The scope of this question is not limited to gross receipts from Cigarette sales.  No  Yes								
J.	Does Applicant have more than one hundred employees?	No		Yes					
K.	Is Applicant a federally recognized tribe?	No		Yes					
L.	Is Applicant a corporation formed under tribal law?	No		Yes					
M.	Is Applicant affiliated with any tribe?	No		Yes					
N.	Is Applicant's facility or business located on tribal land?	No		Yes					
Sectio	n XV: Exhibits								
All exh	ibits in support of this certification are hereby incorporated l	oy refere <b>No</b>	ence. □	Yes					
	carefully reviewed all of the exhibits in support of Applicant's of Applicant's knowledge, true, correct, and complete.	s certific	cation ar □	nd they a <b>Yes</b>	re, to □				
All exhibits in support of this certification shall be identified, organized, and ordered by alphabetical designation.									
certific alphab Califor capital n supp	Exhibit A shall be an index that lists and identifies all of the exhibits in support of this ertification. The first column must list all exhibits by their alphabetical designation in alphabetical order. The second column must provide a brief description of each exhibit. California predesignated several brief exhibit descriptions, which appear in this certification in all apitals following blank spaces where Applicant enters alphabetical designations for the exhibits a support of this certification. For example, on page five (5) of this certification, the brief exhibit description for Applicant's CDTFA manufacturers license is "CDTFA LICENSE" and appears on the certification as "Exhibit of CDTFA LICENSE".								

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LICENSE" as the predesignated brief exhibit description in Applicant's exhibit index. Conversely, the exhibits in support of Applicant's responses to section XVI, if any, do not have predesignated brief exhibit descriptions and Applicant may choose their own brief descriptions for these exhibits.

If Applicant is submitting both Paper Exhibits and Electronic Exhibits, Exhibit A shall contain a third column reflecting whether each exhibit is submitted as a Paper Exhibit or Electronic Exhibit.

Exhibit B must be an Excel copy of Brand List (JUS-TOB15 (Rev. 09/2020)).

Except for Exhibit A and Exhibit B, Applicant may choose the alphabetical designations for the exhibits in support of this certification. Applicant may not skip or duplicate any letters.

Each Paper Exhibit shall be separated by a hard 8 1/2 x 11 sheet with hard paper or plastic tabs extending below the bottom of the page bearing the exhibit alphabetical designation.

Electronic Exhibits must be delivered in a format that displays each exhibit's alphabetical designation and a brief description of each exhibit.

#### Section XVI: Signature

I understand that the Office of the Attorney General may require additional information and/or documentation to establish eligibility for listing on the California Tobacco Directory.

I understand that California regulations require that this certification be signed by a qualified company officer or other such individual authorized to bind Applicant. I am an officer authorized by Applicant to legally bind Applicant under the law of the State of California and I hereby bind Applicant.

I declare, under the penalty of perjury, that all of the statements and information contained in this certification, including but not limited to attachments and accompanying statements, are true, correct, accurate, and complete.

<u> </u>	<u>IVI</u>
SIGNATURE OF AUTHORIZED AGENT FOR P	M:
NAME OF AUTHORIZED AGENT FOR PM: $\_$	
TITLE:	
DATE:	

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## PARTICIPATING TOBACCO PRODUCT MANUFACTURER ("PM") CERTIFICATION SEEKING LISTING ON THE CALIFORNIA TOBACCO DIRECTORY

To be completed by a notary public

A notary public verifies only the identity of the individual who signed the document to which this certificate is attached, not the truthfulness, accuracy, or validity of that document.

On	, before me,	
is/are subscribed to the value the same in his/her/their instrument the person(s).	basis of satisfactory evidence to be the person(s) whose revithin instrument and acknowledged to me that he/she/they authorized capacity(ies), and that by his/her/their signature, or the entity upon behalf of which the person(s) acted, except the satisfactory and the person(s) acted, except the satisfactory and the person(s) acted, except the satisfactory and the satisfactory acted.	y executed e(s) on the
instrument.  I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.		
WITNESS my hand and		
Signature:	(Seal)	