



TOBACCO PRODUCT MANUFACTURER CERTIFICATE OF COMPLIANCE

[Pursuant to S.C. Code Ann. §§11-47-10 to -30, and §§11-48-10 to -110]

Mail this completed Certificate of Compliance and attachments to:
South Carolina Office of the Attorney General
Tobacco Unit
P.O. Box 11549
Columbia, SC 29211

Please Type or Print

2010 CERTIFICATION

PART 1: TOBACCO PRODUCT MANUFACTURER IDENTIFICATION

A. Complete company information below:

Company Name:	
Address:	
City/State/Zip/Country:	
Telephone Number:	Fax Number:
E-Mail Address:	Website:
Name/Title of Person Completing Form:	
Address of Manufacturing Plant(s):	
Name of Factory Manager(s):	
Phone Number of Factory Manager:	Fax Number of Factory Manager:
If located in U.S.: Manufacturer's Federal Taxpayer ID number:	
If located in U.S.: TTB Tobacco Manufacturer Permit Number:	Expires:
If located outside the U.S., applicable government Permit Number:	Expires:

B. The tobacco product manufacturer identified above, as of the date of this Certification, is (check one below):

- ☐ A participating manufacturer [Complete Parts 1A, 1B, 1C, 2A, and 7]
☐ A non-participating manufacturer [Complete entire form **except** 2A]

I. This form is (check one below):

- ☐ Initial Certification – Manufacturer is not currently listed on the South Carolina Tobacco Directory.
☐ Annual Certification - Due April 30, 2010 for South Carolina sales in 2010.
☐ Supplemental Certification – Change of information provided to the Attorney General.

NOTE: The Attorney General's Office will not process incomplete or illegible certifications.

Any change of information *must* be submitted 30 days prior to change.



C. If represented by an Attorney, please advise and provide the following information:

Attorney's Name:	
Firm Name:	
Firm Mailing Address:	
Telephone Number:	Fax Number:
E-Mail Address:	Website:

D. Tobacco Product Manufacturer Information (To be completed by Non-Participating Manufacturers only)

1. Applicant is the manufacturer (i.e. fabricator) of the brands listed in this Certification, which are intended to be sold in the United States, including cigarettes intended to be sold in the United States through an importer.

☐ Yes ☐ No

If the answer is "Yes," please attach a photograph or diagram of your manufacturing facility and indicate on the photograph or diagram where the equipment and facilities for manufacturing (i.e. fabricating) the cigarettes, if any, are located.

2. Applicant is the first purchaser anywhere for resale in the United States of cigarettes manufactured anywhere that the manufacturer does not intend to be sold in the United States.

☐ Yes ☐ No

If the answer is "Yes," identify each cigarette manufacturer (i.e., fabricator), its plant street address, mailing address, contact person, telephone and facsimile phone numbers, and the relationship to Applicant. Identify the location of the transfer of ownership of cigarettes and a copy of every agreement or contract between Applicant and fabricator. Attach additional sheet(s), as necessary, to provide a complete response.

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- 3. Applicant is a successor of an entity described in questions 1 or 2 above (i.e., manufacturer or first importer).**

☐ Yes ☐ No

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4. If Applicant answered “No” to questions 1,2, and 3 above, explain the basis for Applicant’s claim that it is a Tobacco Product Manufacturer (TPM) as defined under South Carolina Code Ann. §§11-47-10 to -30, and §§11-48-10 to –110 and submit all documentation to support Applicant’s contention. Attach additional sheet(s), as necessary, to provide a complete response.

5. Licenses / Permits

U.S. Treasury, Tobacco Tax bureau (TTB) Permit Number was obtained as a manufacturer and/or as an importer.

☐ Manufacturer ☐ Importer

 Attach a copy of Applicant’s current permit as a manufacturer or importer pursuant to 26 U.S.C. Chapter 52, and regulations issued there under.


**PART 2: BRAND FAMILY IDENTIFICATION
(ATTACH ADDITIONAL SHEETS IF NECESSARY)**

A. Participating Manufacturers

The Participating Manufacturer identified in Part 1 has the following brand families, each of which the manufacturer hereby affirms are to be deemed its cigarettes for the purposes of calculating its payments under the Master Settlement Agreement, in the volume and shares determined pursuant to the Master Settlement Agreement.

Indicate with an asterisk () those brands not being sold in current year.
Attach additional sheet if necessary*

Brand Family Name	Cigarettes or RYO	Brand Family Name	Cigarettes or RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO

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- I. For the above brand families (cigarettes only) provide a copy of the **current** Federal Trade Commission (FTC) approval letter for health-warning rotation plan. Additional information can be obtained at:

Federal Trade Commission
600 Pennsylvania Avenue, N.W.
Washington, D.C. 20580
General Information Locator: 202-326-2222
<http://www.ftc.gov>

- II. Provide a copy of the **current** Centers for Disease Control (CDC) ingredient-listing (cigarettes only) compliance letter(s) pertaining to the above brands of cigarettes and a statement from the manufacturer as to which brand's ingredients were submitted for each approval letter. Additional information can be obtained at:

Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30333
Telephone: 1-800-311-3435
<http://www.cdc.gov/netinfo.htm>

- III. For the above brand families, provide a copy of the current Fire Standards Compliant (FSC) Cigarettes compliance letter(s). Additional information can be obtained at:

SC FSC PROGRAM
Office of State Fire Marshal
141 Monticello Trail
Columbia, SC 29203
Telephone: 803-896-9800
<http://www.llr.state.sc.us/firemarshal.asp>

B. Non-Participating Manufacturers

The non-participating manufacturer identified in Part 1 has the following brand families, each of which the tobacco product manufacturer affirms are to be deemed its cigarettes for purposes of S.C. Code Ann. §§11-47-10 to -30.

List all brand families sold in the preceding calendar year and at any time in the current calendar year.

Indicate by an asterisk (*) any brand no longer being sold in South Carolina as of the date of this certification.

Please be advised that 0.09 oz. of RYO constitutes one unit.

Attach additional sheet(s), as necessary, to provide a complete response.

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Brand Family Name	Cigarettes or Roll-Your-Own	Units Sold in S.C. in 2009
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO	
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO	
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO	
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO	
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO	
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO	
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO	
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO	
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO	

- I. Provide a sample of the packaging of **each** brand family. **PLEASE DO NOT SEND TOBACCO PRODUCTS, JUST THE PACKAGING.**



- ☐ Check here if previously supplied packaging samples have not changed.

NOTE: If the manufacturer has previously supplied such packaging to the Attorney General and if such packaging has not changed, samples need not be supplied this year.

- II. For each of the above brand families (cigarettes only) provide a copy of the **current** Federal Trade Commission (FTC) approval letter for health-warning rotation plan.

Federal Trade Commission
600 Pennsylvania Avenue, N.W.
Washington, D.C. 20580
General Information Locator: 202-326-2222
<http://www.ftc.gov>

- III. Provide a copy of the **current** CDC ingredient-listing compliance letter(s) pertaining to the above brands of cigarettes and a statement from the manufacturer as to which brand's ingredients were submitted for each approval letter.

Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30333
Telephone: 1-800-311-3435
<http://www.cdc.gov/netinfo.htm>

- IV. **Proof of Trademark Ownership and compliance with Federal Trademark Laws:**

Adequate assurance that Applicant owns or has the right to use the Brand referenced above and is in compliance with all intellectual property law. Please provide a certified copy of the trademark registration or other documentation showing right to use name and compliance with intellectual property laws. Attach additional sheet(s), as necessary, to provide a complete response.



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Brand Name	Trademark Owner/Contact Person	Physical Address & Phone Number	Fabricator	2009 Units Sold (thru 12/31/09)	2010 Units Sold (thru App. date)

- V. For the above brand families, provide a copy of the current South Carolina Fire Standards Compliant (FSC) Cigarettes compliance letter(s). Additional information can be obtained at:

SC FSC PROGRAM
Office of State Fire Marshal
141 Monticello Trail
Columbia, SC 29203
Telephone: 803-896-9800
<http://www.llr.state.sc.us/firemarshal.asp>

PART 3: ADDITIONAL BUSINESS INFORMATION

1. Company Officers & Owners

Complete the table by listing all company officers and company owners (all persons with an equity interest of 10 percent or more in Applicant company.) Attach additional sheet(s), as necessary, to provide a complete response.

1.	Check Appropriate Title	<input type="checkbox"/> President <input type="checkbox"/> Partner <input type="checkbox"/> Other	<input type="checkbox"/> Vice President <input type="checkbox"/> Partner <input type="checkbox"/> Other	<input type="checkbox"/> Secretary <input type="checkbox"/> Partner <input type="checkbox"/> Other	<input type="checkbox"/> Treasurer <input type="checkbox"/> Partner <input type="checkbox"/> Other
2.	Full Name (First, Middle, Last)				
3.	Street Address				
4.	Telephone No. / Facsimile No.				
5.	Date and Place of Birth				
6.	Email Address				

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2. **Affiliates** (Identify an Affiliate that also manufactures, imports, distributes, or sells cigarettes or other tobacco products in South Carolina. For purposes of this Certification, the term “own” means ownership of an equity interest, or the equivalent thereof, of 10 percent or more. List the type of business by writing “m” for manufacturer, “i” for importer, “d” for distributor, and “w” for wholesaler.) Attach additional sheet(s), as necessary, to provide a complete response.

Brand Family	Affiliate: Name	Type of Business	Affiliate: Street Address

3. **Applicant Information**

Please indicate whether the following statements describe Applicant by checking either “Yes” or “No” after the statement:

- a. Applicant sold cigarettes in South Carolina in the preceding calendar year: ☐ Yes ☐ No
- b. Applicant advertises or sells cigarettes via the internet or in catalogs and uses the mail or other delivery service to deliver cigarettes to South Carolina consumers: ☐ Yes ☐ No
- c. Applicant or one of its Brand Families listed in the Certification was previously denied listing on the directory or was removed from the Directory: ☐ Yes ☐ No
- d. Applicant is enjoined or banned from selling any cigarettes by court order, state or federal agency ruling or determination: ☐ Yes ☐ No
- e. A Brand Family currently or formerly sold by Applicant or Brand Family that applicant intends to sell is enjoined from sale by a state court, state agency, or a federal court: ☐ Yes ☐ No
- f. A state or federal court has entered a judgment finding that Applicant engaged in an unfair business practice or unfair competition relating to the sale of tobacco products: ☐ Yes ☐ No
- g. Applicant is selling only Fire Standards Compliant (FSC) cigarettes into South Carolina. ☐ Yes ☐ No
- h. Applicant is in compliance with the Federal Family Smoking Prevention and Tobacco Control Act (Public Law 111-31), including Section 907(a)(1)(A), which bans the sale of all flavored cigarettes. ☐ Yes ☐ No

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PART 4: MARKETING AND DISTRIBUTION INFORMATION

1. **List all Brands Made by Applicant Since 1999.** Attach additional sheet(s), as necessary, to provide a complete response.

Brand Name	Date(s) Made

2. **Identify by name and address any other Manufacturer of the listed Brand Families in any proceeding or current calendar year.** Attach additional sheet(s), as necessary, to provide a complete response.

Name	Address	Brand/Brand Family	Year

3. **Distributors and Wholesalers**

For each brand that Applicant intends to sell, list the name and address of every South Carolina distributor or wholesaler who will handle the product (i.e. cigarettes and RYO tobacco).

Please indicate by asterisk (*) which entity is responsible for paying state excise taxes on the product.

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Distributor Information

Distributor's Name	Contact Name	Address (Street & Email)	Phone Number	Units Sold	Date of Shipment(s)


PART 5: NON-PARTICIPATING MANUFACTURER REGISTERED AGENT

A. Check one below:

- ☐ The non-participating manufacturer identified in Part 1 is registered to do business in South Carolina.
- ☐ The non-participating manufacturer identified in Part 1 has appointed and continues to engage the following agent located in South Carolina.

 **A *current* (dated this year) letter from the registered agent accepting this appointment must be attached.**

Name of Registered Agent:	
Address:	
City/State/Zip:	
Telephone Number:	Fax Number:

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PART 6: NON-PARTICIPATING MANUFACTURER QUALIFIED ESCROW ACCOUNT**A. Escrow Account Information**


The non-participating manufacturer identified in Part 1 has established and continues to maintain the following qualified escrow fund under S.C. Code Ann. §11-47-30(b)(1).

Name of Financial Institution:	
Address:	
City/State/Zip:	
Contact Name/Title:	
Telephone Number:	Fax Number:
Escrow Account Number:	South Carolina Sub-Account Number

 **Provide an executed copy of the Non-Participating Manufacturer's current Escrow Agreement. Any amendments or attachment to such agreements MUST also be provided.**

B. Escrow calculation and deposit for sales in South Carolina in 2009.

1.	Show on Line A, the total units sold by non-participating manufacturer in South Carolina during calendar year 2009:	A. <u> </u> (units)
2.	On Line B, the applicable rate per unit sold in 2009 is the base rate per unit sold, \$.0188482, plus the inflation adjustment of \$.00778773 per unit.	B. <u>\$0.0266359</u>
3.	Multiply Line A and B to determine the escrow deposit for 2009 sales in South Carolina:	C. <u> </u> (multiply A x B)
DEPOSIT TO SOUTH CAROLINA SEGREGATED SUB-ACCOUNT MUST BE MADE BY: APRIL 15, 2010		

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C. Escrow Deposit/Withdrawal History for the State of South Carolina (attach additional sheets if necessary):

Withdrawals must comply with S.C. Code Ann. §11-47-30 and verification of compliance must be provided.

Date	Deposit	Withdrawal	Balance
	Total:	Total:	Total:

D. The Financial Institution noted in Part 5 of this certification, is required to provide directly to the Tobacco Unit of the South Carolina Attorney General's Office the following:

- I. Proof of amount and date of deposit to South Carolina's segregated sub-account for 2009 sales.
- II. Current account ledger of the tobacco product manufacturer's segregated sub-account for South Carolina.

NOTE: These items are part of the Certification and are due by **April 30, 2010**.

Mail this completed Certificate of Compliance and attachments to:
South Carolina Attorney General's Office
Tobacco Unit
P.O. Box 11549
Columbia, SC 29211

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PART 7: AFFIDAVIT OF TOBACCO PRODUCT MANUFACTURER

An authorized officer of the tobacco product manufacturer *MUST* sign this form and check one box below. This form *MUST* be notarized.

- ☐ Under penalty of falsification, I state that the tobacco product manufacturer named in Part 1 A, as of the date of this certification, is a participating manufacturer in full compliance with all applicable sections of Title 11, Chapter 47 of the S.C. Code.

I understand that this certification must be signed by a qualified company officer authorized to bind the applicant company. My position with the company and my actual authority to certify on behalf of the applicant meets the foregoing requirements.

I understand that the Attorney General may require additional information and/or documentation to determine if applicant qualifies for listing on the South Carolina Directory.

I have examined this certification, including attachments and supporting documents and, to the best of my knowledge and belief, this Certification, including attachments and supporting documents, is true, correct, and complete.

- ☐ Under penalty of falsification, I state that the tobacco product manufacturer named in Part 1A, as of the date of the certification, is a non-participating manufacturer in full compliance all applicable sections of Title 11, Chapter 47 of the S.C. Code.

I understand that this certification must be signed by a qualified company officer authorized to bind the applicant company. My position with the company and my actual authority to certify on behalf of the applicant meets the foregoing requirements.


I understand that the Attorney General may require additional information and/or documentation to determine if applicant qualifies for listing on the South Carolina Directory.

I have examined this certification, including attachments and supporting documents and, to the best of my knowledge and belief, this certification, including attachments and supporting documents, is true, correct, and complete.

I affirm that the Certifying Tobacco Product Manufacturer consents to being sued in South Carolina Court of Common Pleas for the purposes of the State of South Carolina enforcing any provisions of S.C. Code § 11-47-10, et seq. or S.C. Code § 11-48-10, et seq.

I understand that it is the responsibility of all Tobacco Product Manufacturers to track and report sales of cigarette and RYO brands sold in South Carolina no later than twenty days after the end of each calendar quarter, and more frequently if so directed by the Attorney General.

[Signature Block to Follow]

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By signing this affidavit on behalf of the applicant company I understand that the company is required to comply with state and federal laws concerning the sale of tobacco products.

Name of Officer of Tobacco Product Manufacturer (print name) Title


Signature of Officer Date

Subscribed and sworn to this date: _____

Notary Public for State of: _____ (Seal) _____

Signature of Notary Public: _____

Notary Commission expires: _____

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