

STATE OF SOUTH CAROLINA  
TOBACCO PRODUCT MANUFACTURER CERTIFICATE OF COMPLIANCE  
[Pursuant to S.C. Code Ann. §§11-47 to 30, and §§11-48-0 to -110]  
2024 NONPARTICIPATING MANUFACTURER APPLICATION FOR  
CERTIFICATION FORM

FILING DEADLINE is April 30, 2024	
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Information :

<b>D. Licenses and Permits:</b>		
TTB Permit Number:	Expires:	
Please indicate if TTB Permit was obtained as a manufacturer or importer:		
Name of Any other Foreign Manufacturer Permit or License	Expires:	
Copy of Above Applicable Permit(s) Attached	YES	NO

<b>E. Attorney Information:</b>		
Attorney Name if applicable:		
Firm Name:		
Firm Mailing Address:		
City:	State:	Zip:
Phone:	Email:	

<b>F. Tobacco Product Manufacturer Additional Information:</b>	
<p>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. <b>YES</b>      <b>NO</b></p> <p>2. If the answer is "YES" to above, please attach interior and exterior photographs of your manufacturing facility. Indicate on the photographs where the equipment and facilities for manufacturing tobacco are located. Please</p>	

G. Organizational Documents:		
Provided	N/A	Attach the following documents or information:
		Partnership or Association: Current copy of the Certificate of Partnership or the certificate required to be filed by any state, county, or municipality.
		Corporation: (1) Current copy of the Certificate of Incorporation or other charter; and (2) Extracts of documents listing the officers authorized to sign for the company.
		Limited Liability Company or other entity: Current copy of the business document(s) filed with state, county, or municipality when such filing is required. Include a copy of any document indicating persons authorized to sign for the entity.
		Company Officers/Owners: Provide a list of all company officers and company owners (all persons with an equity interest of 10% or more in the company). Include name, address, phone number, and email address.
		Affiliates: Provide a list of all company affiliates pursuant to Code Ann. §11-47-20(b) that also manufactures, imports, distributes, or sells cigarettes or RYO. Include the name, address, and contact information for each affiliate.
		Agreements with Participating Manufacturers: Identify every agreement between Applicant and any Participating Manufacturer (PM) or PM Affiliate that relates to the making, importing, distribution, transportation, or sale of each brand family.
		Agreements Regarding Compliance with the Qualified Escrow Statute: Attach any agreement that Applicant has with another entity regarding the production of cigarettes or funding of Qualified Escrow Fund.

**PART 2: REQUIRED DOCUMENTATION**

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General Documentation(continued):		
		Sample Packaging: Please provide a digital sample of relevant tobacco product packaging.
		UPC Codes: Please provide a current listing of all UPC codes of cigarettes and RYO products that are manufactured by your company.
		Federal Excise Tax Paid: (1) Total nationwide sales on which federal excise tax was paid in the preceding calendar year _____. A copy of the Tobacco Tax Bureau Form 5210.5 or 5220.6 supporting the total sales number must be attached to this certification. (2) Total nationwide interstate sales reported pursuant to 15 U.S.C. § 376 (PACT) in the preceding calendar year _____. Note: Copies of all reports made pursuant to 15 U.S.C. § 376, including reports to states other than South Carolina, shall be made available to the South Carolina Attorney General's Office upon request.
		Releases for U.S. Customs Office and Alcohol and Tobacco Tax Trade Bureau (TTB): Please provide releases allowing the U. S. Customs Office and the TTB to share any information it has about your company with the Office of the South Carolina Attorney General. (TTB release form TTB F 5000.19/Customs ICE Form 60-001)

B. Additional Documentation for Cigarette Brands:		
Provided	N/A	Attach the following documents or information, which will not apply to RYO tobacco:
		Federal Trade Commission ("FTC"): Attach the FTC's written approval of the Applicant's current Cigarette Health Warning Rotation Plan. Cigarettes Only.
		Centers for Disease Control For each brand family, list the name and address of the entity that submitted the ingredient reporting information to the U.S. Secretary of Health and Human Services as required by the Federal Cigarette Labeling and Advertising Act. Attach a copy of the Certificates of Compliance received from the U.S. Secretary of Health and Human Services for Applicant's annual ingredient report and submission cover letter listing brands for review. Cigarettes Only.
		Fire Standard Compliance ("FSC"): For each brand family, please attach a letter from the South Carolina Fire Marshal's Office indicating that the brands for which the Applicant seeks certification are FSC Compliant. Cigarettes Only.



**PART 5: REGISTERED AGENT JOINT AND SEVERAL LIABILITY / BONDING**

**A. Registered Agent:**

The Applicant (check one):

Is registered with the South Carolina Secretary of State's Office to do business in the State of South Carolina.

Has appointed a registered agent in the State of South Carolina and continues to engage with the following:

Name of Registered Agent:

Name of Contact:

Mailing Address:

Phone:

Email:

Applicant has attached an original current year letter from the Registered Agent listed above accepting Appointment as Registered Agent on the company's letterhead. The Registered Agent must provide 30 Day notice prior to resignation.

**B. Joint and Several Liability by Importers (if applicable):**



## PART 7: AFFIDAVIT OF TOBACCO PRODUCT MANUFACTURER

Under penalty of falsification, I state that the tobacco product manufacturer named in Part 1, as of the date of the certification, is a non-participating manufacturer in full compliance with all applicable sections of Title 11, ~~Chapter~~ <sup>Chapter</sup> and 48 of the South Carolina Code, ~~and~~ regulations promulgated thereto.



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)  
) AFFIDAVIT OF UNITS SOLD IN SOUTH CAROLINA IN  
) 2023 SUBMITTED PURSUANT TO THE SOUTH  
) CAROLINA TOBACCO ESCROW FUND ACT  
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)  
)

Under penalty of falsification, I, \_\_\_\_\_ name, hereby certify that I have knowledge of the information contained herein and in the accompanying 2024 application for Certification of \_\_\_\_\_ (name of Tobacco Product Manufacturer)

I certify that I am the \_\_\_\_\_ office or position or title of the Tobacco Product Manufacturer.

I certify that I have the authority to bind the Tobacco Product Manufacturer in matters related to the information contained in the 2024 Certification of the Tobacco Product Manufacturer, including information related to the number of units sold in South Carolina in calendar year 2023.

I certify that I understand that under the Tobacco Escrow Fund Act, S.C. Code Ann. § 11-47-10, each cigarette or stick is a "unit sold." S.C. Code Ann. § 11-47-30(j).

I certify that there were \_\_\_\_\_ units sold by Tobacco Product Manufacturer in South Carolina in 2023.

By signing this affidavit on behalf of the Tobacco Product Manufacturer, I understand that the company is required to comply with South Carolina law concerning the sale of tobacco products, including the requirements of the Tobacco Escrow Fund Act, which requires a Tobacco Product Manufacturer with units sold in South Carolina deposit \$0.0434202 into a qualified escrow fund for each unit sold in 2023.

I HEREBY CERTIFY:

\_\_\_\_\_  
Signature of Affiant  
Officer for Tobacco Product Manufacturer

\_\_\_\_\_  
(Print Name)

Dated: \_\_\_\_\_, 2024

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 2024.

\_\_\_\_\_  
Notary Public

(NOTARY SEAL)

\_\_\_\_\_  
(Print Name)

My commission expires: \_\_\_\_\_