



**SALES OF UNTAXED CIGARETTES
TRIBAL RETAILER CERTIFICATION**
OFFICE OF STATE TAX COMMISSIONER
SFN 23511 (1-2019)

Name of Retail Business	Tobacco Products License	Business Address or Location	
Owner's Name		Last Four Digits of Owner's Social Security Number	
Owner's Address		Owner's Tribal Enrollment Number	
City	State	ZIP Code	

I certify that the information provided above is correct and that I have been granted authority from the _____ Tribe to conduct sales of cigarettes within the boundaries of the _____ Reservation.

Retailer's Signature	Date
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Instructions

The law that authorizes the sale of untaxed cigarettes to Native American retailers located on Native American reservations set out strict requirements that must be met before sales may be made. The information requested on this form must be completed before any sales may be made.

This form, when completed, should be retained in the records of the North Dakota Wholesale Cigarette Distributor. **Do Not** send this form to the Office of State Tax Commissioner.

Do not use this form for sales of taxed cigarettes to non-Native American retailers.

PRIVACY ACT NOTIFICATION

In compliance with the Privacy Act of 1974, disclosure of a social security number or Federal Employer Identification Number (FEIN) on this form is required under N.D.C.C. §§ 57-36-11.1(2), and 57-36-18, and will be used for tax reporting, identification, and administration of North Dakota tax laws. Disclosure is mandatory. Failure to provide the social security number or FEIN may delay or prevent the processing of this form.