

Instructions for Web Fill-In Forms

Getting Started

Save the PDF to
your computer



Use the latest
version of Adobe
Acrobat Reader
to complete the
form.



Guidelines

Do not handwrite
any information



Do not use
commas when
entering amounts

Enter Whole U.S. Dollars Only	99,999	
► 1.		

Enter Whole U.S. Dollars Only	99999	
► 1.		

Do not use brackets for
negative numbers. Use
a minus sign to show
the amount is negative.

Enter Whole U.S. Dollars Only	[99999]	
► 1.		

Enter Whole U.S. Dollars Only	- 99999	
► 1.		

Printing

Use the print icon on
the form to ensure
you have completed
all required fields.



Do not select “print
on both sides of the
paper.”

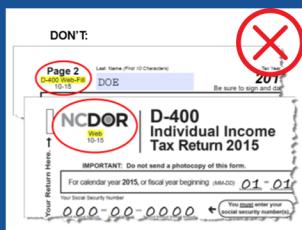


Set the page scaling
to “none.” The Auto-
Rotate and Center
checkbox should
be unchecked.



Before Sending...

Do not mix form
types



Do not submit
photocopies of
returns. Submit
original returns only.



B-A-2R
Tobacco License Renewal Application

Renewal Application for Year 2026		DOR Use Only Date License Issued _____ / _____ / _____ (MM/DD/YYYY):																																					
<p>Section 1. License Information (Note: A Change In License Type is not a Renewal. A change in license type requires a submission of a new B-A-2.)</p> <table border="1"> <tr> <td colspan="2">LEGAL NAME OF APPLICANT (This is the name the license will be issued in)</td> <td colspan="3">SSN/FEIN</td> </tr> <tr> <td colspan="2">TRADE NAME OR DBA (IF DIFFERENT FROM LEGAL NAME)</td> <td colspan="3">NCDORID</td> </tr> <tr> <td colspan="5"> Fill in circle, if applicable: <input type="radio"/> Mailing Address Has Changed <input type="radio"/> Physical Location Has Changed </td> </tr> <tr> <td>PHYSICAL LOCATION ADDRESS (NOT P.O. Box or Route Number)</td> <td>CITY</td> <td>COUNTY</td> <td>STATE</td> <td>ZIP CODE</td> </tr> <tr> <td>MAILING ADDRESS</td> <td>CITY</td> <td>COUNTY</td> <td>STATE</td> <td>ZIP CODE</td> </tr> <tr> <td>CONTACT PERSON</td> <td colspan="4">PHONE NUMBER</td> </tr> <tr> <td>EMAIL ADDRESS</td> <td colspan="4">FAX NUMBER</td> </tr> </table>					LEGAL NAME OF APPLICANT (This is the name the license will be issued in)		SSN/FEIN			TRADE NAME OR DBA (IF DIFFERENT FROM LEGAL NAME)		NCDORID			Fill in circle, if applicable: <input type="radio"/> Mailing Address Has Changed <input type="radio"/> Physical Location Has Changed					PHYSICAL LOCATION ADDRESS (NOT P.O. Box or Route Number)	CITY	COUNTY	STATE	ZIP CODE	MAILING ADDRESS	CITY	COUNTY	STATE	ZIP CODE	CONTACT PERSON	PHONE NUMBER				EMAIL ADDRESS	FAX NUMBER			
LEGAL NAME OF APPLICANT (This is the name the license will be issued in)		SSN/FEIN																																					
TRADE NAME OR DBA (IF DIFFERENT FROM LEGAL NAME)		NCDORID																																					
Fill in circle, if applicable: <input type="radio"/> Mailing Address Has Changed <input type="radio"/> Physical Location Has Changed																																							
PHYSICAL LOCATION ADDRESS (NOT P.O. Box or Route Number)	CITY	COUNTY	STATE	ZIP CODE																																			
MAILING ADDRESS	CITY	COUNTY	STATE	ZIP CODE																																			
CONTACT PERSON	PHONE NUMBER																																						
EMAIL ADDRESS	FAX NUMBER																																						
<p>Section 2. Type of License being renewed for applications submitted by June 30, 2026. Vapor Products licenses are not eligible for renewal in 2026. (Renewals submitted on July 1, 2026 or after, must use form B-A-2, and complete in its entirety. Submit Form B-A-2 to the address on the form with the appropriate late renewal license tax.)</p> <table border="1"> <thead> <tr> <th>License Type</th> <th>Manufacturer</th> </tr> </thead> <tbody> <tr> <td>Cigarette</td> <td><input type="checkbox"/> Cigarette Distributor <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Other Tobacco Product (OTP)</td> <td><input type="checkbox"/> OTP Wholesale Dealer (covers wholesale and retail activity, if both) <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Other Tobacco Product (OTP)</td> <td><input type="checkbox"/> OTP Retail Dealer (only)</td> </tr> <tr> <td>Vapor Product (VP)</td> <td><input type="checkbox"/> Vapor Products Wholesale Dealer (covers wholesale and retail activity, if both) <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Vapor Product (VP)</td> <td><input type="checkbox"/> Vapor Products Retail Dealer (only)</td> </tr> </tbody> </table>					License Type	Manufacturer	Cigarette	<input type="checkbox"/> Cigarette Distributor <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Tobacco Product (OTP)	<input type="checkbox"/> OTP Wholesale Dealer (covers wholesale and retail activity, if both) <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Tobacco Product (OTP)	<input type="checkbox"/> OTP Retail Dealer (only)	Vapor Product (VP)	<input type="checkbox"/> Vapor Products Wholesale Dealer (covers wholesale and retail activity, if both) <input type="checkbox"/> Yes <input type="checkbox"/> No	Vapor Product (VP)	<input type="checkbox"/> Vapor Products Retail Dealer (only)																							
License Type	Manufacturer																																						
Cigarette	<input type="checkbox"/> Cigarette Distributor <input type="checkbox"/> Yes <input type="checkbox"/> No																																						
Other Tobacco Product (OTP)	<input type="checkbox"/> OTP Wholesale Dealer (covers wholesale and retail activity, if both) <input type="checkbox"/> Yes <input type="checkbox"/> No																																						
Other Tobacco Product (OTP)	<input type="checkbox"/> OTP Retail Dealer (only)																																						
Vapor Product (VP)	<input type="checkbox"/> Vapor Products Wholesale Dealer (covers wholesale and retail activity, if both) <input type="checkbox"/> Yes <input type="checkbox"/> No																																						
Vapor Product (VP)	<input type="checkbox"/> Vapor Products Retail Dealer (only)																																						
<p>Renewal applications are reviewed for Secretary of State status (if applicable), tax compliance, and criminal convictions. Please allow 12-14 weeks for processing. Note that processing time will exceed this estimate if: (1) the renewal application is incomplete or (2) there are compliance issues. Licenses will not be issued until all compliance issues have been resolved and you notify the Excise Tax Division of such.</p>																																							
<p><input type="checkbox"/> I certify that I understand the stated processing time and that I am responsible to notify the Excise Tax Division that all discrepancies have been resolved.</p>																																							
<p>Section 3: Certification This application must be signed by a business owner, partner, member, or officer with the authority to legally bind the business entity.</p>																																							
<p>I certify that I have read this application, and know and understand its contents and that all the information herein is true and accurate. I understand it is unlawful to knowingly make a false statement on the application and that any violation may result in prosecution as well as the revocation of any tobacco product license. The licensee agrees that to the extent the licensee signs electronically, the licensee's electronic signature is the legally binding equivalent to a handwritten signature.</p>																																							
NAME (PLEASE PRINT OR TYPE)		TITLE																																					
SIGNATURE		DATE																																					
MOBILE PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS																																					

Renewal application may be submitted via mail, email, or fax to the number listed below.

**NC Department of Revenue, Excise Tax Division, Attn: Tobacco Renewals,
3301 Terminal Drive, Suite 125, Raleigh, NC 27604**
Phone Number: (919) 707-7500 Fax Number: (919) 212-5766 Email: tobaccorenewals@ncdor.gov