

**Texas State Comptroller
Criminal Investigation Division**

PRINT FORM

CLEAR FORM

CID Case Number: _____

Civil Penalty Assessment – Tobacco

In the matter Cigarette/E-Cig/Tobacco Permit Holder _____ in the name of _____
Permit Number Business Name

doing business as _____ herein after referred to as the Permit Holder. The Permit
Store Name

Holder being suspected of the following violations (s), to wit:

☐	Business operating without a valid permit	Sec. 154.101	Sec. 155.041
☐	Failure to display permit as described by law	Sec. 154.117	Sec. 155.053
☐	Non-permitted wholesalers and distributors	Sec. 154.1015	Sec. 155.0415
☐	Distributor not having sufficient tax stamps to cover shipment received	Sec. 154.041	
☐	Sales Permit Holders and non-permitted holders	Sec. 154.1015	Sec. 155.0415
☐	Books and records	Sec. 154.209 & 155.110	Sec. 154.201-203 Sec. 155.101-108
☐	General penalties/violations	Sec. 154.501	Sec. 155.201
☐	No E-Cigarette Valid Permit	Health & Safety Code	Sec. 147.0151
☐	Violate E-Cigarette Chapter or Rule	Health & Safety Code	Sec. 147.0151
☐	Other: _____		
☐	Other: _____		

Please check one of the following:

- ☐ The Permit Holder agrees to waive their right to an administrative hearing and pay the civil penalty of \$_____ at this time. Send your check to the address below, payable to: Comptroller of Public Accounts, and include a copy of this form.
- ☐ The taxpayer requests an oral hearing before an administrative law judge. To request a hearing the taxpayer must apply **in writing within 10 days** by sending this form with the request block checked to:

**Comptroller of Public Accounts
Criminal Investigation Division
ATTN: Civil Penalty Hearings/Processing
208 E. 10th Street, Room 206
Austin, TX 78701**

Taxpayer Number: _____ Payment Instrument Number: _____

Signed on this _____ day of _____, 20____.

Taxpayer/Representative Printed Name

Comptroller Representative Printed Name

Taxpayer/Representative Signature

Comptroller Representative Signature