

AFFIDAVIT

By Applicant for

MANUFACTURER CIGARETTE AND/OR TOBACCO, VAPOR AND ALTERNATIVE NICOTINE PRODUCT PERMIT  
Notary

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )ss

Before me \_\_\_\_\_, a \_\_\_\_\_  
Notary Name Title

for the county and state aforesaid, this day personally appeared \_\_\_\_\_,  
Full Name

=====  
Affiant Information Below

Who, being duly sworn, upon oath states:

(A). That in my capacity as \_\_\_\_\_ I am authorized to make attestations for the Applicant.  
Name of President/CEO or Other

(B). That \_\_\_\_\_ is the full name of the Applicant.  
Name of Business Applying [Applicant]

(C). That Applicant is organized and doing business as:

- Sole Proprietorship     Partnership     LLC    Corporation: C Corp  S Corp  publically traded? Y  N
- Other (*specify*) \_\_\_\_\_

\*Applicant must provide a copy of the Lease Agreement covering all buildings to be used for storage of inventory or files\*

(D). That the owner(s) of the Applicant business (is)(are):

1. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Full Name (no abbreviations)    DOB    Age    Office Address

\_\_\_\_\_  
Residence Address    Length of Residence

Length of Residence in Country (*if currently or previously not U.S. Citizen*)

\_\_\_\_\_, \_\_\_\_\_/  
Social Security No.    Percentage of Ownership or Shares Held of Total Shares Issued

2. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Full Name (no abbreviations)    DOB    Age    Office Address

\_\_\_\_\_  
Residence Address    Length of Residence

Length of Residence in Country (*if currently or previously not U.S. Citizen*)

\_\_\_\_\_, \_\_\_\_\_/  
Social Security No.    Percentage of Ownership or Shares Held of Total Shares Issued

