

AFFIDAVIT BY APPLICANT
FOR WHOLESALE PERMIT (TOBACCO PRODUCTS, VAPOR PRODUCTS, ALTERNATIVE
NICOTINE PRODUCTS OR E-LIQUIDS PRODUCTS)

State of _____)
)ss
County of _____)

Before me _____ a _____
Name Title

for the county and state aforesaid, this day personally appeared _____

_____, who, being duly sworn, upon oath states:
Full Name

(1). That in my capacity as _____ I am authorized to make attestations for
Position in Business
the applicant.

(2). That _____ is the full name of the applicant. That
Name of Business
Applicant is organized as an individual proprietorship (), partnership (), LLC () or a corporation ().

(3). That the owner(s) of the applicant business (is) (are):

A. _____, _____, _____
Full Name (No Abbreviations) Age Office Address
_____, _____
Residence Address Length of Residence in County
_____, _____
Social Security No. Percentage of Ownership or Shares Held of Total Shares Issued

B. _____, _____, _____
Full Name (No Abbreviations) Age Office Address
_____, _____
Residence Address Length of Residence in County
_____, _____
Social Security No. Percentage of Ownership or Shares Held of Total Shares Issued

C. _____, _____, _____
Full Name (No abbreviations) Age Office Address

Residence Address Length of Residence in County

Social Security No. Percentage of Ownership or Shares Held of Total Shares Issued

(4). That the Federal Identification Number of the Applicant is _____.

(5). That the Applicant is a Wholesaler in fact that is operating out of

Office Location
Which property is owned (), or leased (). _____
If leased state exact period

Lease and lessor's name and address ; _____
Warehouse location

Signature of Affiant

Subscribed and sworn to before me this _____ day of _____, 20_____.

Signature & Title of Officer Administering Oath

My Commission Expires: _____