

AFFIDAVIT

By Applicant for

MANUFACTURER CIGARETTE PERMIT AND/OR TOBACCO PRODUCTS, ALTERNATIVE NICOTINE PRODUCTS ONLY PERMIT AND/OR VAPOR PRODUCT AND E-LIQUID PRODUCT ONLY PERMIT

Notary

State of _____)
)ss
County of _____)

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

