Application for Cigarette Dealer’s License

To be used by all retail cigarette dealers except vending machine operators.

ISSUE LICENSE TO:

Name of owner ...........................................................................................................

Trade name ..............................................................................................................

Street Address ........................................................................................................

Post Office .............................................................................................................

FOR THE SALE OF CIGARETTES AT RETAIL AT THE FOLLOWING LOCATION

(Give street address and town; if same as above address, write "same").

(Note: A separate application must be filed for each location; if more than one retail store file form T-152-A. List address of each store)

Kind of business ......................................................................................................

Give name of former owner ....................................................................................

Date commenced doing business ............................................................................

Indicate with a check (✓) mark below

New business (✓), Change of ownership (✓), Other ( ), specify

The undersigned hereby makes application for a PERMANENT CIGARETTE DEALER’S LICENSE, and certifies that the information given on this form is true and correct to the best of his knowledge and belief.

Date ................................................................................................................... 20.....

Signature of applicant ...........................................................................................

Title .......................................................................................................................