

Participating or Non-Participating Manufacturer Certification – Brand Disclosure

Schedule C	DOMESTIC Little Cigar Brands	Page _____ of _____
Manufacturer Name	Federal Manufacturer Permit No. TP - -	WI Dept. of Revenue (WDOR) Manufacturer Permit No. TMFR -
		Certification for Sales Year

BRAND INFORMATION

IMPORTANT ALL brands manufactured and still available for sale to consumers on the U.S. market, on or after May 23, 2000, **MUST** be listed. Failure to disclose all brands on this application is cause for delisting and/or denial of all attributed brands.

DOMESTIC BRANDS – Brands manufactured in the United States (U.S.) for sale in the U.S. by the manufacturer above and under the federal permit above. *If all the information is the same for multiple brands, you may submit one schedule for multiple Brand Reference Numbers (i.e. C-1 to C-7; C-8 to C-16).*

▼ Mark this box with an “X” to indicate brands you are requesting certification for sale and distribution in Wisconsin for this certification sales year.

<input checked="" type="checkbox"/>	1. Brand Name	2. Brand Style	3. MSA Status (check one)	4. Brand Reference No.
			<input type="checkbox"/> PM <input type="checkbox"/> NPM	
5. Price per Carton to Distributor for Sale & Distribution in Wisconsin: Package: <input type="checkbox"/> 8/25 <input type="checkbox"/> 10/20 <input type="checkbox"/> 10/25 <input type="checkbox"/> Other:		5a. Price	5b. Price List	
		\$	<input type="checkbox"/> Provided as Exhibit H	
6. Trademark Owner(*): a. Legal Name >>		b. Doing Business As (DBA) Name		
6c. Address:	Street Address	City	State / Province	Country Zip Code
7. Physical Location(s) where these Little Cigars are fabricated >>	Street Address	City	State / Province	Country Zip Code
7a. Name of owner of this plant / facility	7b. Date First Manufactured	7c. Date Last Manufactured on N/A if currently Manufactured		Reason: <input type="checkbox"/> Discontinued <input type="checkbox"/> Other (explain)
7d. Is this the sole facility where this brand / brand style is fabricated?				
<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain and complete additional Schedule C for other location(s) and attach.				

All fields must be completed.