

Participating or Non-Participating Manufacturer Certification – Brand Disclosure

Schedule B DOMESTIC Roll-Your-Own (RYO / MYO) Cigarette Tobacco Brands

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Manufacturer Name	Federal Manufacturer Permit No. TP - -	WI Dept. of Revenue (WDOR) Manufacturer Permit No. TMFR -	Certification for Sales Year 2025
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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.) by the manufacturer above and under the federal permit above. *If all information is the same for multiple brands, you may submit one schedule for for multiple Brand Reference Numbers (i.e. B-1 to B-7; B-8 to B-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) <input type="checkbox"/> PM <input type="checkbox"/> NPM		4. Brand Reference No.	
5. Cigarette Tobacco Sold as (check one) <input type="checkbox"/> Loose Bulk <input type="checkbox"/> Packaged / Brand Labeled			6. Price per Package / Bag to Distributor for Sale & Distribution in Wisconsin: Packaging / Ounces (Oz.) per Bag. Oz. \$ <input type="checkbox"/> Provided as Exhibit H					
7. Trademark Owner(*): a. Legal Name >> b. Doing Business As (DBA) Name								
7c. Address: Street Address City State / Province Country Zip Code								
8. Physical Location(s) where this cigarette tobacco is blended >> Street Address City State / Province Country Zip Code								
8a. Name of owner of this plant / facility				8b. Is this the sole facility where this process occurs for this brand / brand style? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain and complete additional Schedule B for other location(s) and attach.				
9. Physical Location(s) where this cigarette tobacco is packaged for individual sale (i.e. not bulk) >> Street Address				City State / Province Country Zip Code				
9a. Name of owner of this plant / facility				9b. Is this the sole facility where this process occurs for this brand / brand style? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain and complete additional Schedule B for other location(s) and attach.				
10. Date First Manufactured		11. Date Last Manufactured or N/A if currently Manufactured		Reason: <input type="checkbox"/> Discontinued <input type="checkbox"/> Other (explain)				

All fields must be completed.