## State of Wisconsin
### Participating or Non-Participating Manufacturer Certification – Brand Disclosure

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

<table>
<thead>
<tr>
<th>Manufacturer Name</th>
<th>Federal Manufacturer Permit No.</th>
<th>WI Dept. of Revenue (WDOR) Manufacturer Permit No.</th>
<th>Certification for Sales Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TP -</td>
<td>TMFR -</td>
<td></td>
</tr>
</tbody>
</table>

### 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 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.

|---------------|----------------|----------------------------|-------------------------|

- **5. Cigarette Tobacco Sold as (check one):**
  - [ ] Loose Bulk
  - [ ] Packaged / Brand Labeled

- **6. Price per Package / Bag to Distributor for Sale & Distribution in Wisconsin:**
  - 6a. Price
  - 6b. Price List

- **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?
    - [ ] Yes
    - [ ] 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?
    - [ ] Yes
    - [ ] 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:
    - [ ] Discontinued
    - [ ] Other (explain)

All fields must be completed.

CTP-122b (R. 2-22) Wisconsin Department of Revenue