

**Participating or Non-Participating Manufacturer Certification – Brand Disclosure**

<b>Schedule B</b>	<b>DOMESTIC Roll-Your-Own (RYO / MYO) Cigarette Tobacco Brands</b>	Page _____ of _____
Manufacturer Name	Federal Manufacturer Permit No. <b>TP - -</b>	WI Dept. of Revenue (WDOR) Manufacturer Permit No. <b>TMFR -</b>
		Certification for Sales Year <b>2026</b>

**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)	4. Brand Reference No.
			<input type="checkbox"/> PM <input type="checkbox"/> NPM	
5. Cigarette Tobacco Sold as (check one)		6. Price per Package / Bag to Distributor for Sale & Distribution in Wisconsin:		
<input type="checkbox"/> Loose Bulk <input type="checkbox"/> Packaged / Brand Labeled		Packaging / Ounces (Oz.) per Bag.		
		6a. Price	6b. Price List	
		Oz. \$	<input type="checkbox"/> <b>Provided as Exhibit H</b>	
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.**