State of Wisconsin

Participating or Non-Participating Manufacturer Certification – Brand Disclosure

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

Page _____ of _____

Manufacturer Name	Federal Manufacturer Permit No.	WI Dept. of Revenue (WDOR) Manufacturer Permit No.	Certification for Sales Year
	TP - -	TMFR -	

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.

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

X	1. Brand Name	2. Brand Style	3. MSA Status *(check one)*	4. Brand Reference No.
			☐ PM ☐ NPM	B - _____

5. Cigarette Tobacco Sold as *(check one)*	6. Price per Package / Bag to Distributor for Sale & Distribution in Wisconsin:
☐ Loose Bulk ☐ Packaged / Brand Labeled	Packaging / Ounces (Oz.) per Bag. Oz. $ (*) Attach a current price list as Exhibit _____

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 ***(print or type)***	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 ***(print or type)***	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	Reason: ☐ Discontinued ☐ Other *(explain)*

(*) Requires attached supporting documents.