

Participating or Non-Participating Manufacturer Certification – Brand Disclosure



Schedule C IMPORTED Little Cigar Brands

Foreign Manufacturer Name			Certification for Sales Year
Authorized Importer's Name	Authorized Importer's Federal Permit No. - TI -	Authorized Importer's WDOM Permit No. TIMP -	

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.

IMPORTED BRANDS – Brands manufactured outside the United States (U.S.) for sale in the U.S. by the manufacturer above and imported 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. 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) <input type="checkbox"/> PM <input type="checkbox"/> NPM	4. Brand Reference No.
5. Price per Carton to Distributor for Sale & Distribution in Wisconsin:		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 or 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.				
8. Exporter: a. Legal Name >> _____ b. Doing Business As (DBA) Name _____				
8c. Address: _____ Street Address _____ City _____ State / Province _____ Country _____ Zip Code _____				
9. Date First Exported to U.S.	10. Date Last Exported to U.S. Reason: <input type="checkbox"/> Discontinued <input type="checkbox"/> Other (explain)	11. Date First Imported into U.S.	12. Date Last Imported into U.S. Reason: <input type="checkbox"/> Discontinued <input type="checkbox"/> Other (explain)	

All fields must be completed.