



Ernest P. Legier, Jr., Commissioner

**SCHEDULE C**

**TOBACCO WHOLESALE DEALER: SUPPLIER AND PRODUCT LIST**

**Instructions:** Applicants for a tobacco wholesale dealer permit shall list the name and address of each supplier of tobacco, other tobacco, alternative nicotine and/or vape products it intends to distribute. **Applicant shall identify the type of product as cigarettes, cigars, roll your own (“RYO”), pipe tobacco, hookah product, other tobacco product, alternative tobacco, or vape product and include all states where the products will be distributed.**

Supplier’s Name			
Supplier’s Address			
Brand of Product			
Type of Product	<input type="checkbox"/> CIGARETTE <input type="checkbox"/> PIPE TOBACCO <input type="checkbox"/> CIGARS	<input type="checkbox"/> SMOKELESS TOBACCO <input type="checkbox"/> ALTERNATIVE NICOTINE <input type="checkbox"/> PIPE TOBACCO	<input type="checkbox"/> ROLL YOUR OWN <input type="checkbox"/> VAPOR PRODUCTS <input type="checkbox"/> HOOKAH TOBACCO
States where products are distributed			

Supplier’s Name			
Supplier’s Address			
Brand of Product			
Type of Product	<input type="checkbox"/> CIGARETTE <input type="checkbox"/> PIPE TOBACCO <input type="checkbox"/> CIGARS	<input type="checkbox"/> SMOKELESS TOBACCO <input type="checkbox"/> ALTERNATIVE NICOTINE <input type="checkbox"/> PIPE TOBACCO	<input type="checkbox"/> ROLL YOUR OWN <input type="checkbox"/> VAPOR PRODUCTS <input type="checkbox"/> HOOKAH TOBACCO
States where products are distributed			

Supplier’s Name			
Supplier’s Address			
List All Brand of Product			
Type of Product	<input type="checkbox"/> CIGARETTE <input type="checkbox"/> PIPE TOBACCO <input type="checkbox"/> CIGARS	<input type="checkbox"/> SMOKELESS TOBACCO <input type="checkbox"/> ALTERNATIVE NICOTINE <input type="checkbox"/> PIPE TOBACCO	<input type="checkbox"/> ROLL YOUR OWN <input type="checkbox"/> VAPOR PRODUCTS <input type="checkbox"/> HOOKAH TOBACCO
States where products are distributed			

**IF YOU NEED TO REPORT ADDITIONAL SUPPLIERS, PLEASE SUBMIT ADDITIONAL COMPLETED SCHEDULE C FORM.**