

State of Louisiana
Office of Alcohol and Tobacco Control



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GOVERNOR

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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:		
CIGARETTE: <input type="checkbox"/>	SMOKELESS TOBACCO: <input type="checkbox"/>	ROLL YOUR OWN: <input type="checkbox"/>
PIPE TOBACCO: <input type="checkbox"/>	ALTERNATIVE NICOTINE: <input type="checkbox"/>	VAPOR PRODUCTS: <input type="checkbox"/>
CIGARS: <input type="checkbox"/>	PIPE TOBACCO: <input type="checkbox"/>	HOOKAH TOBACCO: <input type="checkbox"/>
States where products are distributed:		

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

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