



Office of Alcohol Tobacco Control

Ernest P. Legier, Jr., Commissioner

**SCHEDULE E**

**STAMPING AGENT CIGARETTE DISTRIBUTION INFORMATION**

**NOTE:** FAILURE TO COMPLETELY FILLED OUT ALL FIELDS ON THIS SHCEDULE MAY RESULT IN THE DELAY OR DENIAL OF ISSUANCE OF YOUR PERMIT. LIST ALL TYPES AND BRANDS OF CIGARETTES APPLICANT INTENDS TO DISTRIBUTE.

Cigarette Brand Name	Source of Supply (Name & Address)	Does Applicant have a Direct Purchase Agreement with Supplier?	Is products Stamped or Unstamped ?	List all States where you distributed this brand.