



## Tobacco Retailer's Additional Proprietors

### GENERAL INFORMATION (print or type)

Proprietor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Proprietor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Proprietor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### CONSENT BY BUSINESS OWNER

I/We, the owner(s) of the subject property, consent to the filing of this application.

|                    |   |               |
|--------------------|---|---------------|
| _____<br>Signature | _____<br>Name(s) (please print or type) | _____<br>Date |
| _____<br>Signature | _____<br>Name(s) (please print or type) | _____<br>Date |
| _____<br>Signature | _____<br>Name(s) (please print or type) | _____<br>Date |