

Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

Date

Agent Type (check one): Original Change

| Part A: Agent Information | | |
|---------------------------|-------------------------------------|--|
| 1. Last Name | 2. First Name | 3. M.I. |
| 4. Email | | 5. Phone |
| 6. Home Address | | |
| 7. City | | 8. State |
| 9. Zip Code | | |
| 10. Date of Birth | 11. Drivers License/State ID Number | 12. Drivers License/State ID State of Issuance |

| Part B: Questions |
|---|
| <p>1. Have you completed Form CTV-101, <i>Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire</i>? Submit a completed Form CTV-101 with this form. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.</p> |

| Part C: Business Information |
|---|
| 1. Legal Business Name (individual name if sole proprietor) |
| 2. Business Trade Name or DBA |
| <p>3. Entity Type (check one)</p> <p style="text-align: center;"><input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation</p> |
| 4. Premises Address |
| 5. City |
| 6. State |
| 7. Zip Code |

| Part D: Attestations | |
|---|-------|
| <p>READ CAREFULLY BEFORE SIGNING: I, the Licensee or Permittee, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.</p> | |
| Signature of Licensee or Permittee (officer, member, or authorized signatory) | Date |
| Name of Person Signing | Title |
| <p>READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than \$1,000 if convicted.</p> | |
| Signature of Agent | Date |