

Office of the Secretary
Customer Relations - Licensing Segment
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20 ____ - 20 ____

FEE: \$50.00

Date Issued

License No.

**APPLICATION FOR CIGARETTE VENDING MACHINE
DISTRIBUTOR OR DEALER'S LICENSE**

Name _____

Address _____
(Street Number) (City)

County _____ State _____ Zip Code _____ Telephone No. _____

Representing _____
(Manufacturer or Firm Name)

Brand Name _____
(Name of machine or machines handled)

Main Address _____
(Street and Number)

(City) (State) (Zip Code)

(Signature of Applicant)

(Social Security Number)