

APPLICATION FOR APPOINTMENT
as
OFFICIAL DELAWARE CIGARETTE STAMP AFFIXING AGENT OR WHOLESALE DEALER

Dealer Name _____

Street _____

City, State, Zip _____ Phone _____

Location of Establishment:

Street _____

City, State, Zip _____ Phone _____

- | | |
|--|-----------------------------------|
| <input type="radio"/> Vending Machine Operator | <input type="radio"/> Partnership |
| <input type="radio"/> Direct Buyer | <input type="radio"/> Association |
| <input type="radio"/> Wholesale Dealer | <input type="radio"/> Corporation |
| <input type="radio"/> Manufacturer | <input type="radio"/> Other: |

If Corporation:

President _____	V. President _____
Home _____	Home _____
Office _____	Office _____

Secretary _____	Treasurer _____
Home _____	Home _____
Office _____	Office _____

If Partnership – List All Partners:

Partner _____	Partner _____
Home _____	Home _____
Office _____	Office _____

Partner _____	Partner _____
Home _____	Home _____
Office _____	Office _____

Bank where principal business is conducted:

Bank _____	Bank _____
Address _____	Address _____
_____	_____

Other Requirements:

1. Current Financial Statement
2. Corporations doing business in the State of Delaware must be properly registered with the Secretary of State.
3. Corporation or Partnership tax returns are required by all companies doing business in Delaware.
4. Required Business Licenses.