TOWN OF FARMVILLE

116 North Main Street
Post Office Drawer 368
Farmville, VA 23901
(434) 392-3333 FAX (434) 392-6135

CIGARETTE DISTRIBUTORS

Retailer's Name: _____

Business Address: _____

The names and address of my cigarette distributors are as follows: (please PRINT or TYPE)

NAME	ADDRESS

Individual completing this form:

_____ _____

Date **Signature**

_____

Printed Name