

Is the Operator also the Owner?	Operator Name (i.e., Company or Individual Operator Name)	Address Line 1
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Yes

No

Sample Company

123 State Street

Address Line 2	City	State
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Boston

American Samoa

Post Office or Zip Code	D&B DUNS # (of the Operator)	Alternate Business Name
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20200

123456789

Alternate Name

Business Structure (of the Operator)	If Partnership, list Partners If Corporation, list Corporate Officers and Director <i>Separate each individual using a semicolon " ; "</i>	If Corporation, State of Incorporation
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Sole Proprietorship

Corporation

If Corporation, and if not incorporated as a U.S. State, describe further	Is the Establishment Name/Address same as Operator? (Y/N)	Establishment Name (i.e., Company or Individual Establishment Name)
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Yes

Cornerstore

No

Importer

Address Line 1	Address Line 2	City
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555 Line Up Station

C/o Brittany

Highlandtown

124 Country Road

P/O Box 123

Brussels

State	Post Office or Zip Code	Telephone Number
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Minnesota

20852

301-555-1234

10580

301-555-2323

Fax Number	D&B DUNS # (of the Establishment)	Operations Performed by the Establishment
301-555-4321	123456789	Packaging; Testing; Reconstituting Tobacco
301-789-1234	829769171	Other...

If Other, please describe

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