

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

No

Sample Company

123 State Street

<b>Address Line 2</b>	<b>City</b>	<b>State</b>
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Boston

American Samoa

<b>Post Office or Zip Code</b>	<b>D&amp;B DUNS # (of the Operator)</b>	<b>Alternate Business Name</b>
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20200

123456789

Alternate Name

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

Corporation

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

Cornerstore

No

Importer

<b>Address Line 1</b>	<b>Address Line 2</b>	<b>City</b>
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555 Line Up Station

C/o Brittany

Highlandtown

124 Country Road

P/O Box 123

Brussels

<b>State</b>	<b>Post Office or Zip Code</b>	<b>Telephone Number</b>
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Minnesota

20852

301-555-1234

10580

301-555-2323

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



**If Other, please describe**

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