

**Prevent All Cigarette Trafficking (PACT) Act  
Registration Form (Continuation Sheet)****Section II - Additional Places of Business (Continued)**

8d. Name of Additional Place of Business				9d. Website Address for Additional Place of Business	
10. Address of Additional Place of Business					
d. Street Address		City	State	Zip Code	11d. Telephone Number at Additional Location
8e. Name of Additional Place of Business				9e. Website Address for Additional Place of Business	
10. Address of Additional Place of Business					
e. Street Address		City	State	Zip Code	11e. Telephone Number at Additional Location
8f. Name of Additional Place of Business				9f. Website Address for Additional Place of Business	
10. Address of Additional Place of Business					
f. Street Address		City	State	Zip Code	11f. Telephone Number at Additional Location
8g. Name of Additional Place of Business				9g. Website Address for Additional Place of Business	
10. Address of Additional Place of Business					
g. Street Address		City	State	Zip Code	11g. Telephone Number at Additional Location

**Section III - Agent Authorized to Accept Service (Continued)**

12c. Name of Agent Authorized to Accept Service on Behalf of the Person ( <i>Person or Business Entity</i> )					
13c. Address of Authorized Agent				14c. Telephone Number of Authorized Agent	
12d. Name of Agent Authorized to Accept Service on Behalf of the Person ( <i>Person or Business Entity</i> )					
13d. Address of Authorized Agent				14d. Telephone Number of Authorized Agent	
12e. Name of Agent Authorized to Accept Service on Behalf of the Person ( <i>Person or Business Entity</i> )					
13e. Address of Authorized Agent				14e. Telephone Number of Authorized Agent	
12f. Name of Agent Authorized to Accept Service on Behalf of the Person ( <i>Person or Business Entity</i> )					
13f. Address of Authorized Agent				14f. Telephone Number of Authorized Agent	
12g. Name of Agent Authorized to Accept Service on Behalf of the Person ( <i>Person or Business Entity</i> )					
13g. Address of Authorized Agent				14g. Telephone Number of Authorized Agent	

### Paperwork Reduction Act Notice

The information required on this form is in accordance with the Paperwork Reduction Act of 1995. The purpose of the information is to register delivery sellers of cigarettes and/or smokeless tobacco products with the Attorney General in order to legally continue to sell and/or advertise these tobacco products. The information is mandatory as required by P.L. 111-154.

The estimated average burden associated with this collection is 1 hour per respondent or recordkeeper, depending on individual circumstances. Comments about the accuracy of this burden estimate and suggestions for reducing it should be directed to Reports Management Officer, Document Services, Bureau of Alcohol, Tobacco, Firearms and Explosives, Washington, DC 20226.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.