TOWN OF APPOMATTOX
210 Linden Street
P O Box 705
Appomattox, VA 24522
(434) 352-8268 FAX (434) 352-2126

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: _____
Signature

_____ _____
Date Printed Name