TOB: JEN-REG



ALABAMA DEPARTMENT OF REVENUE **BUSINESS & LICENSE TAX DIVISION**

TOBACCO TAX SECTION

P. O. Box 327555 • Montgomery, AL 36132-7555 • (334) 242-9627

Jenkins Act Registration Form

As Amended by the PACT ACT of 2009

THIS FORM MUST BE COMPLETED BY ANYONE DISTRIBUTING CIGARETTES OR SMOKELESS TOBACCO INTO ALABAMA.

COMPANY NAME		TELEPHONE I	NUMBER		 7
ADDRESS		COMPANY E-I	MAIL ADDRESS		_
CITY	STA	TE	ZIP		
WEBSITE ADDRESS(ES):					
TRADE NAMES (IF ANY):	TRADE NAMES (I	F ANY):			
ADDRESS AND TELEPHONE NUMBER OF OTHER PLACES OF BUSINESS:	ADDRESS AND TELEPHONE NUMBER OF OTHER PLACES OF BUSINESS:				
REGISTERED AGEN (Agent within the State authorize					
Agent Name:					_
Company:					_
Address:					
City:	State:		Zip:		_
Telephone Number: ()		Fax Number: ()		_
Signature of Registered Agent:					_
Signature of Officer or Authorized Person	Т	ïtle			
Type or Print Signature Name		Pate			