



Town of Burkeville
 P.O. Box 277
 Burkeville, VA 23922
 434-767-4097

Updated 3/25/26

Cigarette Distributor Form

Retailers Name: _____

Business Physical Address: _____

Business Mailing Address: _____

FEIN: _____ Cigarette Tax License Number: _____

Phone Number: _____ Email: _____

The names and addresses of my cigarette distributors are as follows: (Please PRINT legibly or TYPE)

Name:	Mailing Address:

By signing this form, I hereby authorize that to the best of my knowledge, that all information provided on this form is correct.

Printed Name

Signature

Date