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

Updated: 3/25/26

Cigarette Tax Retail/Distributor Additions and Deletions Form

Business Name: _____

Mailing Address: _____

Is this business a retailer or distributor? _____ Retailer _____ Distributor

FEIN: _____ Cigarette Tax License Number: _____

Phone Number: _____ Email: _____

ADD THE FOLLOWING

1. Business Name: _____ Trade Name: _____

   Mailing Address: _____

   Is this business a retailer or distributor? _____ Retailer _____ Distributor

2. Business Name: _____ Trade Name: _____

   Mailing Address: _____

   Is this business a retailer or distributor? _____ Retailer _____ Distributor

DELETE THE FOLLOWING

1. Business Name: _____ Trade Name: _____

   Mailing Address: _____

   Is this business a retailer or distributor? _____ Retailer _____ Distributor

2. Business Name: _____ Trade Name: _____

   Mailing Address: _____

   Is this business a retailer or distributor? _____ Retailer _____ Distributor

Signature of Authorized Representative of Company to add or delete retailers/distributors.

Printed Name	Signature	Date

For Office Use Only:

Date received: _____ Date effective: _____ # of Stamps ordered/Returned: _____

Printed Name	Signature	Date