



KIM HASTIE, LICENSE COMMISSIONER, MOBILE COUNTY

CERTIFICATION FOR WHOLESALE TOBACCO DEALER

STATE OF ALABAMA
COUNTY OF MOBILE

I, _____
(Print Name of Owner or Officer)

certify that I am the _____
(Title)

of the business known as _____
(Print Name of Business)

and that said business has procured State Privilege License Number _____

in _____ County to operate as a wholesale tobacco dealer.

(Signature of Owner or Officer)

(Date)