

ATTACHMENT A

(For use when registering more than one place of business or business location)

I. ELECTRONIC SMOKING DEVICE RETAILER IDENTIFICATION SECTION (cont'd)

Name and address of ADDITIONAL place of business or business location where the entity conducts or will conduct business:

Telephone Number: _____ **Facsimile Number:** _____

Website Address: _____

Name of Authorized Representative: _____

Email Address of Authorized Representative: _____

Name of Contact person if Authorized Representative is unavailable: _____

Telephone number of contact person: _____

Email Address of Contact person: _____

Name and address of ADDITIONAL place of business or business location where the entity conducts or will conduct business:

Telephone Number: _____ **Facsimile Number:** _____

Website Address: _____

Name of Authorized Representative: _____

Email Address of Authorized Representative: _____

Name of Contact person if Authorized Representative is unavailable: _____

Telephone number of contact person: _____

Email Address of Contact person: _____

Name and address of each ADDITIONAL place of business or business location where the entity conducts or will conduct business:

Telephone Number: _____ **Facsimile Number:** _____

Website Address: _____

Name of Authorized Representative: _____

Email Address of Authorized Representative: _____

Name of Contact person if Authorized Representative is unavailable: _____

Telephone number of contact person: _____

Email Address of Contact person: _____