

Licensed Retailer Contact Information

Entity Type Sole Proprietor Corporation Limited Partnership

CROL Certificate Name

Legal Address

Corporation Name (if applicable)

Corporation Address (if applicable)

Store Name (if applicable)

Store Address (if applicable)

/ Key Contact Person /

Full Name

Phone Number

Email

Your approved contacts to speak on your behalf

Maximum two people. By sending up this form, you've authorized the following people to represent you.

Contact Person 1

Full Name

Phone Number

Email

Title

Contact Person 2

Full Name

Phone Number

Email

Title