

## Tobacco Allocation Application Form

<b>Band Members Name</b>	<b>Status Number</b>
_____	_____

<b>Business</b>
<b>Name:</b> _____
<b>Address:</b> _____
<b>Phone Number:</b> _____
_____

<b>Brief Description of Business:</b> (ie. Grocery store, gas station, variety store)
_____
_____
<b>Date Business was Established:</b>
_____
<b>Number of Requested Cartons:</b>
_____

\_\_\_\_\_  
**Band Members Signature**

\_\_\_\_\_  
**Date**

**Please attach copy:**

- 1. Registered Business Number**
- 2. Insurance Policy**
- 3. Certificate of Land Possession or  
Authorized Letter for Business from Land Owner**