



City of Madison Cigarette/Tobacco Products/ Electronic Vape Device License Renewal Convictions Supplement

1. Name of Sole Proprietor, Partnership, Corporation or LLC _____

2. Trade Name (doing business as) _____

3. Licensed Address _____

Name	Statute/Ordinance	Charge
Where Convicted	Date	Penalty
<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony		

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