CITY OF FRANKLIN

APPLICATION FOR CIGARETTE TAX STAMPS

Received of:

_____

_____

_____

Approved: Commissioner of the Revenue

By: _____

_____ Cigarette Tax Stamps @.70 Each

Less Discount 8% $ _____

TOTAL COST $ _____

Beginning No. _____

Ending No. _____

Make check payable to City of Franklin

By: _____