



REPORT OF LITTLE CIGARS SOLD IN OREGON (Manufacturer)

Part 1: Sales Year			
SALES YEAR: _____ <input type="checkbox"/> ANNUAL REPORT <input type="checkbox"/> AMENDED REPORT			
Part 2: Manufacturer Identification			
Name: _____			
Mailing Address: _____			
City: _____	State: _____	Zip: _____	Country: _____
Physical Address: _____			
City: _____	State: _____	Zip: _____	Country: _____
Phone: _____	Fax: _____	Email: _____	
Part 3: Brand Families			
Brand Families of Little Cigars	Sold during previous calendar year	Sold during current calendar year	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
Part 4: Oregon Licensed-Distributors			
Distributor Name	Address, City, State		
Part 5: Signature			
Under penalty of perjury, I declare that I am authorized to certify on behalf of the Tobacco Product Manufacturer in Part 2 that all of the information contained in this report are true, complete and accurate.			
Signature of Authorized Agent: _____		Title: _____	
Print Name: _____		Date: _____	
The Department of Justice requires electronic submission for all documents. Please contact our office at tobaccoenforcementBSR@doj.state.or.us or call 503.934.4400 if you need assistance.			