

COMPLIANCE CERTIFICATE

1. NAME OF THE BUSINESS Name: _____ Address: _____ City: _____	
2. TYPE OF BUSINESS a. Retailer _____ b. Wholesaler _____ c. Manufacturer _____	
3. DATE OF REGISTRATION Date: _____	
4. SIGNATURE OF THE PROPRIETOR Signature: _____ Name: _____ Address: _____	
5. OFFICIAL USE Date: _____ Signature: _____ Name: _____	