STATE OF TENNESSEE

CONSENT TO SUIT

Pursuant to TENN. CODE ANN. § 67-4-2602

CERTIFICATION YEAR
2016

BUSINESS INFORMATION:	
Business Name:	Contact Person:
Address:	City:
State:	Zip Code:
Telephone:	Email:

CONSENT TO SUIT:

The above-named Non-Participating Manufacturer does hereby consent that any action or proceeding against it, pursuant to TENN. CODE ANN. §§ 47-31-101 *et seq* ., and pursuant to TENN. CODE ANN. §§ 67-4-2601 *et seq* ., by the State of Tennessee, may be commenced in any state court of competent jurisdiction within Tennessee.

INITIAL:

REQUIRED DOCUMENTATION:

Attached: ☐	Proof of authority to consent to suit on behalf of the Non-Participating Manufacturer, *e.g* .,a resolution by the Non-Participating Manufacturer specifically agreeing to consent to suit provision, as well as any required approval by an applicable governmental agency, whether federal, state, county, local, or tribal.
Attached: ☐	Proof of authority given to the signing party to execute the consent to suit provision.

SIGNATURE:	
Authorized Designee:	Title:
Designee Signature:	Date:

BUSINESS INFORMATION:	
Subscribed and Sworn Before Me on this Date:	
Signature of Notary Public	
City or County of:	State of:
My Commission Expires:	

MAIL THE COMPLETED CERTIFICATION FORM TO:	
Office of the Attorney General **Revenue Section** **Tobacco Enforcement Division** **P.O. Box 20207** **Nashville, TN 37202-0207**	→ *This form, including attachments, must be returned to the address shown on the left.* → *This form will be returned and left unprocessed unless all fields are completed and all required attachments received.*