



Application for Cigarette Tax Stamps

**City of Bristol, Virginia
497 Cumberland St., Room 102
Bristol, Virginia 24201**

Date _____

Application is hereby made to the Commissioner of the Revenue for the following Bristol City Cigarette Stamps:

_____ Cigarette Stamps @ 17¢ each \$ _____

Less Discount of 5% \$ _____

Total Cost \$ _____

Applicant _____

By _____

Address _____

City, State, Zip Code _____

City Treasurer will insert Serial Numbers of Stamps delivered.

Beginning No. _____ Ending No. _____