



STATE OF TENNESSEE

CERTIFICATION YEAR

CONSENT TO SUIT

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

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.