

FORWARD APPLICATION TO:  
Arkansas Tobacco Control  
101 E. Capitol Ave., Suite 401  
Little Rock, AR 72201-3826  
Phone: (501) 682-9756  
Fax: (501) 682-9760  
[www.atc.ar.gov](http://www.atc.ar.gov)

**ARKANSAS TOBACCO CONTROL**

**CLASS CODE: 5351**

**PERMIT FEE \$500**  
(Do not send cash)

Application for

**PERMIT NO.** \_\_\_\_\_

**MANUFACTURER CIGARETTE PERMIT**

Type or print legibly:

NAME OF BUSINESS \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_  
FEIN NUMBER \_\_\_\_\_ COMPANY PHONE NUMBER \_\_\_\_\_

Separate applications must be filed for a manufacturer cigarette permit, manufacturer tobacco, vapor product and alternative nicotine product permit, wholesale cigarette or wholesale tobacco, vapor product and alternative nicotine product permit, wholesale sales representative permit, retail cigarette, tobacco, vapor product and alternative nicotine product permit, tobacco, vapor product and alternative nicotine product vendor permit, and manufacturer's representative permit. Separate applications must also be filed for each established place of business.

Type of business: (check one) Sole Proprietorship  Corporation: *Publically traded?* Y  N   
Partnership  C Corp.   
LLC  S Corp.   
INC  Other type (*specify*) \_\_\_\_\_

**NAMES OF OWNERS, PARTNERS, OFFICERS AND DIRECTORS:**

_____ Name	_____ Title	_____ Name	_____ Title
_____ Residence Address		_____ Residence Address	
_____ City	_____ State	_____ City	_____ State
_____ Zip		_____ Zip	
Have you ever pled guilty, no contest or been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO		Have you ever pled guilty, no contest or been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**COLOR COPY OF VALID STATE ISSUED ID LISTING NAME AND DATE OF BIRTH FOR EVERY PERSON LISTED ON APPLICATION \* MUST BE ATTACHED FOR APPLICATION TO BE PROCESSED**

The undersigned applicant hereby declares and signs under penalty of law that the information provided on this application is true and correct to the best of his/her or their knowledge and belief, and that he will faithfully comply with all tobacco and vapor laws in the State of Arkansas including, but not limited to, the "Unfair Cigarette Sales Act," A.C.A. §4-75-701 et seq., the "Arkansas Tobacco Products Tax Act," A.C.A. §26-57-201 et seq., and A.C.A. §5-27-227, controlling the provision of minors with tobacco, vapor and alternative nicotine products, cigarettes and e-liquids, and the placement of tobacco and vapor vending machines, all rules promulgated pursuant thereto, and all lawful orders of the Arkansas Tobacco Control Board. Applicant understands and agrees that any intentional false or misleading information, of any nature, or relative to any item, will be sufficient grounds for denial or subsequent revocation of the Permit for which he is applying.

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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