

C. _____, _____, _____
 Full Name (no abbreviations) Age Office Address

 Residence Address Length of Residence in County

_____, _____
 Social Security No. Percentage of Ownership or Shares Held of Total Shares Issued

(4). That the Federal Identification Number of the Applicant is _____.

(5). That the Applicant is a Wholesaler in fact that is operating out of

 Office Location

Which property is owned (), or leased (). _____
 If leased state exact period

_____; _____
 Lease and lessor's name and address Warehouse location

Provide a copy of the Lease Agreement and a photograph of all buildings to be used for storage of inventory or files. No building may be used to store inventory or files, which contains personal living quarters which is accessible from the area proposed to be used as a building location.

- (6). That the owners or officers of the applicant have attached hereto the letters as to their moral character as required by Act 546 of 1977 and regulations promulgated thereunder.
- (7). That attached hereto is a copy of a Dun & Bradstreet report reflecting the financial status of the applicant or a Compilation Report of Financial Statements prepared by an independent Certified Public Accountant.
- (8). That the applicant agrees to furnish the Director with a copy of a financial statement prepared by a Certified Public Accountant either annually or at such times as the Director may request.
- (9). The applicant agrees to maintain a list of prices for all tobacco products, which will be sold, such price lists are to be kept in the business office and made available to each customer, the Board, the Director of Arkansas Tobacco Control, or an agent of Arkansas Tobacco Control.
- (10). The Arkansas Sales and Use Tax Number of the applicant is _____, as required by Act 1368 of 2001, effective April 6, 2001.
- (11). The applicant affirms, under penalty of law, that the business entity is neither owned nor operated by Anyone who has pled guilty or *nolo contendere* to or been convicted of a felony criminal offense.

Signature of Affiant

Subscribed and sworn to before me this _____ day of _____, 20 _____.

Signature & Title of Officer Administering Oath

My Commission Expires: _____