

AFFIDAVIT

BY APPLICANT FOR WHOLESALE CIGARETTE AND/OR TOBACCO PRODUCTS, VAPOR PRODUCT AND ALTERNATIVE NICOTINE PRODUCT PERMIT

Notary

State of )
)ss
County of )

Before me \_\_\_\_\_ a \_\_\_\_\_
Name Title

for the county and state aforesaid, this day personally appeared \_\_\_\_\_

\_\_\_\_\_, who, being duly sworn, upon oath states:
Full Name

(1). That in my capacity as \_\_\_\_\_ I am authorized to make attestations for
Position in Business
the applicant.

(2). That \_\_\_\_\_ is the full name of the applicant. That
Name of Business

Applicant is organized as an individual proprietorship ( ), a partnership ( ), or a corporation ( ).

(3). That the owner(s) of the applicant business (is) (are):

A. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
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

B. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
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

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 financial statement prepared by a 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 the Tobacco Control Board, or an investigator for 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: \_\_\_\_\_