

CLASS  
CODE: 5351

STATE OF ARKANSAS  
CIGARETTE AND TOBACCO DEALER LICENSE  
APPLICATION

Mail with payment to: **Arkansas Tobacco Control**  
**101 East Capitol Avenue, Suite 401**  
**Little Rock, AR 72201-3824**

**For assistance, please call:**  
**(501) 682-9756**

Amount of Permit: \$25.00

**SECTION I – OWNER INFORMATION**

Owner / President or CEO / Managing Partner / Managing Member (Enter complete legal name as it appears on your birth certificate):

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

Date of Birth: \_\_\_\_\_ SSN \_\_\_\_\_ FEIN \_\_\_\_\_

Sales Tax Number \_\_\_\_\_

Residential (Home) Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Driver's License/ID Number \_\_\_\_\_ State of Issuance: \_\_\_\_\_ Alien Registration No. \_\_\_\_\_

**Have you ever pled guilty or no contest to a felony or ever been convicted of a felony?** Yes  (check one) No

**Full Legal Name of Partners, LLC Members, Corporate Officers and Stock Holders (as applicable) (attach extra page 4s as needed):**

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

Date of Birth: \_\_\_\_\_ SSN \_\_\_\_\_ FEIN \_\_\_\_\_

Residential (Home) Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Driver's License/ID Number \_\_\_\_\_ State of Issuance: \_\_\_\_\_ Alien Registration No. \_\_\_\_\_

**Has this person ever pled guilty or no contest to a felony or ever been convicted of a felony?** Yes  (check one) No

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

Date of Birth: \_\_\_\_\_ SSN \_\_\_\_\_ FEIN \_\_\_\_\_

Residential (Home) Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Driver's License/ID Number \_\_\_\_\_ State of Issuance: \_\_\_\_\_ Alien Registration No. \_\_\_\_\_

**Has this person ever pled guilty or no contest to a felony or ever been convicted of a felony?** Yes  (check one) No

**Full Legal Name of Partners, LLC Members, Corporate Officers and Stock Holders (as applicable) (attach extra page 4s as needed):**

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

Date of Birth: \_\_\_\_\_ SSN \_\_\_\_\_ FEIN \_\_\_\_\_

Residential (Home) Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Driver's License/ID Number \_\_\_\_\_ State of Issuance: \_\_\_\_\_ Alien Registration No. \_\_\_\_\_

**Has this person ever pled guilty or no contest to a felony or ever been convicted of a felony?** Yes  (check one) No

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

Date of Birth: \_\_\_\_\_ SSN \_\_\_\_\_ FEIN \_\_\_\_\_

Residential (Home) Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Driver's License/ID Number \_\_\_\_\_ State of Issuance: \_\_\_\_\_ Alien Registration No. \_\_\_\_\_

**Has this person ever pled guilty or no contest to a felony or ever been convicted of a felony?** Yes  (check one) No

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

Date of Birth: \_\_\_\_\_ SSN \_\_\_\_\_ FEIN \_\_\_\_\_

Residential (Home) Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Driver's License/ID Number \_\_\_\_\_ State of Issuance: \_\_\_\_\_ Alien Registration No. \_\_\_\_\_

**Has this person ever pled guilty or no contest to a felony or ever been convicted of a felony?** Yes  (check one) No

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

Date of Birth: \_\_\_\_\_ SSN \_\_\_\_\_ FEIN \_\_\_\_\_

Residential (Home) Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Driver's License/ID Number \_\_\_\_\_ State of Issuance: \_\_\_\_\_ Alien Registration No. \_\_\_\_\_

**Has this person ever pled guilty or no contest to a felony or ever been convicted of a felony?** Yes  (check one) No

**SECTION II – BUSINESS INFORMATION**

Legal Name of Business \_\_\_\_\_

DBA: (Enter "Doing Business As" Name, if applicable) \_\_\_\_\_

Business organized as (check one): Corporation  Partnership  LLC  Sole Proprietorship

If the business is organized as a corporation, is it publicly traded? Yes  No

If the business is organized as a corporation, partnership or LLC, have you registered with the Arkansas Secretary of State's Office, including any fictitious name (doing business as name)? Yes  No

Physical (911) Street Address of Business \_\_\_\_\_

Type of business \_\_\_\_\_

Telephone Number at Business Location \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address of Business \_\_\_\_\_

(note this is where all correspondence regarding the permit will be mailed to)

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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 knowledge and belief, and that he will faithfully comply with all tobacco 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 products and cigarettes and the placement of tobacco 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.

Date: \_\_\_\_\_

Signature of Owner, Corporate Officer, Managing Partner/Member

Printed Name of Owner, Corporate Officer, Managing Partner/Member and Title

Subscribed and sworn to before me, a Notary Public, by \_\_\_\_\_, to me well known or identified to me by government issued photo identification, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

Notary Public

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