

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 TOBACCO, VAPOR PRODUCT AND ALTERNATIVE NICOTINE  
PRODUCT PERMIT**

Type or print legibly:

NAME OF BUSINESS \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

FEIN NUMBER \_\_\_\_\_ COMPANY PHONE NUMBER \_\_\_\_\_

**PLEASE UNDERLINE IF YOU ARE MANUFACTURING (TOBACCO ONLY) OR (VAPOR ONLY)**

Separate applications must be filed for a manufacturer cigarette permit, manufacturer tobacco permit, manufacturer tobacco, vapor product and alternative nicotine product permit and manufacturer representative permit. Separate applications must also be filed for each established place of business.

Type of business: (check one) Sole Proprietorship  Corporation: Publicly 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 \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

Have you ever pled guilty, no contest  
or been convicted of a felony?  YES  NO

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or been convicted of a felony?  YES  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 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 and regulations 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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