

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 \$500.00**

*(Do not send cash)*

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

Application for

**WHOLESALE CIGARETTE PERMIT**

Type or print legibly:

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

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

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

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

FEIN NUMBER \_\_\_\_\_ SALES TAX NUMBER \_\_\_\_\_

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

Type of business: Sole Proprietorship \_\_\_\_\_ Corporation \_\_\_\_\_ Incorporation \_\_\_\_\_  
Partnership \_\_\_\_\_ Other (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**

**\*LIST ADDITIONAL PERSONS ON REVERSE SIDE OF THIS FORM OR ATTACH LIST TO THIS FORM\***

The undersigned applicant hereby declares under penalty of law that the information provided above 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 Board.

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

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

**PERMIT FEE TO ACCOMPANY APPLICATION \$500.00**