

FORWARD APPLICATION TO:

**ARKANSAS TOBACCO CONTROL**

**CLASS CODE: 5351**

Arkansas Tobacco Control  
101 E. Capitol Ave., Suite 401  
Little Rock, AR 72201-3826

Phone: (501) 682-9756

[www.atc.ar.gov](http://www.atc.ar.gov)

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

Application for

**WHOLESALE TOBACCO, VAPOR PRODUCT AND ALTERNATIVE NICOTINE  
PRODUCT 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, retail cigarette permit, retail tobacco permit and tobacco products vendor's permit. Separate applications must also be filed for each established place of business.

Type of business: Sole Proprietorship \_\_\_ Corporation \_\_\_ LLC \_\_\_  
Partnership \_\_\_ Other (specify) \_\_\_\_\_

**NAMES OF OWNERS, PARTNERS, OFFICERS AND DIRECTORS:**

Name	Title	Name	Title
_____	_____	_____	_____
Residence Address		Residence Address	
_____		_____	
City	State	Zip	
_____	_____	_____	_____

**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 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**