Instructions to obtain a Retail Permit
(Corporation, LLC, Partnership)

If you are opening or buying a retail location, please follow these steps to properly set up your business and apply for your Retail Tobacco Permit. If you need any assistance, please contact our office.

Instructions to set up a business:

These instructions are set out as a guide to help our new retailer's navigate the process of properly setting up their business so that a sales permit can be applied for and issued in a timely manner. These instructions are not necessarily all encompassing but act as a guide to get you underway.

1) You must apply for and receive a Sales and use Tax permit from the state of Arkansas. This permit allows you to buy and sell products in the state and no other permits can be issued until a owner/company has this permit issued. The Arkansas Sales and Use Tax office can be found in the Ledbetter building in Little Rock, 1816 W. 7th, Suite 1330, Little Rock AR, 72201. Their phone number is 501-682-7104 and they can be found on the web at www.dfa.arkansas.gov

2) If your business is set up as an LLC or Corporation you must register your business with the Arkansas Secretary of State’s office and receive your proof of registration documents. If you are going to operate your store under any name other than your legal business name, (Fictitious name or D.B.A. name) you must also register that name with the Secretary of State's office. The Arkansas Secretary of State office Division of Business and Commercial Services is located in the Victory building in Little Rock, 1401 W. Capitol Ave (5th St), Suite 250, Little Rock AR, 72201. Their phone number is 501-682-1010 and they can be found on the web at www.sos.arkansas.gov

3) If applicable, you will need a Federal Employer Identification Number (FEIN). FEIN can be obtained online at www.ein.gov.us. FEIN can also be obtained over the phone by calling 1-888-629-9001. Most businesses will require an FEIN. If you are unsure about needing an FEIN, please consult the FEIN website or the person/company who prepares your taxes.

4) Proof of eligibility to operate a business at your location. If the location of the business is owned (or being purchased), a deed must be obtained to show the legal location of the business, and show that the property is owned by the person/persons/company that is attempting to open the business. If the property is leased/rented, a lease agreement must be obtained that shows the legal location of the business, and shows that the person/persons/company are legally renting the location, and show that the property owner has given their consent to operate a business at the location.

5) If business is inside the city limits of Little Rock, a Little Rock Business license must also be obtained from the City of Little Rock. Licenses can be obtained at the Little Rock Finance Department located at 500 West Markham St. or online www.littlerock.org, Phone Number 501-371-4806.
**Instructions to apply for retail permit:**

If you are buying an existing business, the current Permit holder/store owner must satisfy all outstanding fines, suspensions, or other penalties with Arkansas Tobacco Control. If an owner has outstanding fines or an unserved suspension, the new owner will not be allowed to receive a cigarette and tobacco permit until all outstanding items are satisfied.

1) Complete the Retail Cigarette and Tobacco Permit Application
   a. All sections and all spaces **MUST** be completed unless otherwise noted. *Applications not fully completed will NOT be processed.*
   b. Application **MUST** be notarized by a notary public.
   c. All required documentation **MUST** be complete and attached. (refer to checklist)

2) If you are purchasing an existing business with tobacco products that will be transferred to the new business, the new permit holder/store owner must take a written inventory of all tobacco products being transferred to him/her. The itemized inventory listing of **ALL** tobacco products in your business must include the brand and type, container type (pack, box, can, pouch, carton, etc…) and quantity of each type of cigarette or tobacco product purchased from the previous owner. Inventory lists should be typed in order to ensure legibility and accurateness and should also have your business name, owner/CEO name and contact information. Regardless of how you record your inventory, please use the breakdown of information as provided in the example.
   - *Please note the inventory must be done and submitted with the application for a new permit.*
   - *It is a good idea for the new owner to maintain the invoices from the previous owner to show where the tobacco products were purchased and in what quantities they were purchased for auditing purposes.*

<table>
<thead>
<tr>
<th>State Line Tobacco Inventory Log</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joe Anyman - Owner</td>
</tr>
<tr>
<td>1400 St Anytown, AR 72120</td>
</tr>
<tr>
<td>879-123-4567</td>
</tr>
</tbody>
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<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Brand</td>
<td>Type</td>
<td>Package</td>
<td>Number in stock</td>
<td>Package</td>
</tr>
<tr>
<td>2</td>
<td>Marlboro</td>
<td>Red</td>
<td>Carton</td>
<td>5</td>
<td>Packs</td>
</tr>
<tr>
<td>3</td>
<td>Skoal</td>
<td>Long Cut Winter Green</td>
<td>Can</td>
<td>18</td>
<td>18 Cans</td>
</tr>
<tr>
<td>4</td>
<td>Swisher</td>
<td>Grape Cigarello</td>
<td>Box</td>
<td>3</td>
<td>3 boxes</td>
</tr>
<tr>
<td>5</td>
<td>Black &amp; Mild</td>
<td>Wine</td>
<td>10-Pack</td>
<td>7</td>
<td>7 packs</td>
</tr>
<tr>
<td>6</td>
<td>Redman</td>
<td>Bold</td>
<td>Carton</td>
<td>2</td>
<td>Pouch</td>
</tr>
<tr>
<td>7</td>
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</tr>
</tbody>
</table>

3) The Permit Fee of $50.00 can be paid by check or money order (WE DO NOT ACCEPT CASH), and must be submitted with your completed application.

4) Business premises must be in compliance with all local ordinances, including zoning ordinances.

5) Please be advised, a criminal background will be conducted on the applicant. Arkansas law prohibits a permit being issued to any person with a criminal history where a Felony charge is evident.

   *Please allow four to five business days for your application to be processed. Permits are not issued same day!*

Form ATC-R1.2 (7/2015)
Group Business (Corp, LLC, Partnership) Tobacco Permit Request Form

Demographic Business Information: Permit Fee Type: ☐ $50.00

Legal Business/company name: ____________________________________________

Name of Business if different from Legal name: ____________________________

(Any fictitious name or Doing Business As (DBA) name must be filed with the Secretary of State’s office).

Sales Tax Number: ____________________ FEIN: __________________________

911/Physical Business Address: _____________________________________________

Must be numeric address plus street name, (example: 152 Smith St) address CANNOT be a PO Box or location description.

City: ____________________ County: ____________________ Zip Code: ______________

Business Mailing Address (If different): ______________________________________

City: ____________________ County: ____________________ Zip Code: ______________

Store Phone Number: (____) _____ - ________ Store Fax Number: (____) _____ - ________

Tobacco Permit Number of Previous Business (If applicable): _______________________

Are tobacco products from a previous business being transferred to you? ☐ Yes ☐ No

If yes, attach an Inventory.

Type of Business: ☐ Convenience Store w/gas ☐ Convenience w/o gas ☐ Tobacco Store ☐ Supermarket

☐ Gasoline Kiosk ☐ other _________________________________________________

Facility information: ☐ We own the property ☐ We rent this property ☐ other ________________________________

President/CEO Demographic Information: Information must be for the legal head of the company

President/CEO Name: ____________________ Date of Birth: ____ / ____ / ______

President/CEO home or business address: _____________________________________________

Must be a numeric address plus street name or a valid Post Office Box, CANNOT be a location description.

City: ____________________ County: ____________________ Zip Code: ______________

E-mail address: _____________________________ Phone Number: (____) _____ - ________

Alternate Phone: (____) _____ - ________ Driver’s License/ID Number: ______________________

State of DL/ID Issuance: ____________________ Alien Registration No.: ______________________

Percentage of Ownership in business: ________ % SSN: ________ - ____ - ________

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

If you are buying an existing business the old owner must contact our office and submit a Permit Cancellation request form. The old Owner and New Owner should also review the instructions to sell or close a business which can be found on our website. Permits are non-transferable!

Form ATC-R1.2 (7/2015)
Group Business (Corp, LLC, Partnership) Tobacco Permit Request Form

Use these sections to list any other business partners, LLC members, company officers or S corp. stockholders. Please note it is also recommended that the person(s) are also listed on your sales and use tax permit.

USE ADDITIONAL PAGES AS NECESSARY

Business Primary Contact Information:  

Primary Contact if different from President/CEO

Contact Name: ____________________________  Date of Birth: ____ / ____ / ______

Contact Home address: _______________________________________________________

Must be a numeric address plus street name or a valid Post Office Box, CANNOT be a location description.

City: _______________________________  County: _____________________  Zip Code: ___________

E-mail address: __________________________  Phone Number: (____) _____ - _________

Alternate Phone: (____) _____ - _________  Driver’s License/ID Number: _______________________

State of DL/ID Issuance: ________________  Alien Registration No.: _________________________

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

Officer/Partner Demographic Information:  

Please list other partners, LLC members, company officers or S Corp Stockholders

Officer/Partner Name: ____________________________  Date of Birth: ____ / ____ / ______

Officer/Partner business address: _______________________________________________________

Must be a numeric address plus street name or a valid Post Office Box, CANNOT be a location description.

City: _______________________________  County: _____________________  Zip Code: ___________

E-mail address: __________________________  Phone Number: (____) _____ - _________

Alternate Phone: (____) _____ - _________  Driver’s License/ID Number: _______________________

State of DL/ID Issuance: ________________  Alien Registration No.: _________________________

Percentage of Ownership in business: _________ %  SSN: _______-____-_____

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

Officer/Partner Demographic Information:  

Please list other partners, LLC members, company officers or S Corp Stockholders

Officer/Partner Name: ____________________________  Date of Birth: ____ / ____ / ______

Officer/Partner business address: _______________________________________________________

Must be a numeric address plus street name or a valid Post Office Box, CANNOT be a location description.

City: _______________________________  County: _____________________  Zip Code: ___________

E-mail address: __________________________  Phone Number: (____) _____ - _________

Alternate Phone: (____) _____ - _________  Driver’s License/ID Number: _______________________

State of DL/ID Issuance: ________________  Alien Registration No.: _________________________

Percentage of Ownership in business: _________ %  SSN: _______-____-_____

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

Form ATC-R1.2 (7/2015)
Group Business (Corp, LLC, Partnership) Tobacco Permit Request Form

Important Information:

Please note that this application should be completed in its entirety, any application that is submitted that is not complete will not be accepted and will be returned to the applicant. Please review the application and the accompanying check list to ensure that you have all required information and documentation for application submission.

By accepting a permit from Arkansas Tobacco Control, the permit holder is agreeing that they, and their business, will follow all lawful requirements and is furthermore acknowledging that they understand that Arkansas Tobacco Control Agents, Federal Tobacco Control Agents, or any other lawful Tobacco Control Entity will periodically conduct inspections to ensure compliance with the law.

FREE Tobacco Retail Training is available through our office. Please contact us if you wish to send your staff to a free training event or arrange a free training event for your location.

Agreement of Legal Responsibility:

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 their knowledge and belief. The applicant also agrees to faithfully comply with all local, state, & federal laws including, but not limited to, “Unfair Cigarette Sales Act,” 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/she is applying.

Date:_____________    ______________________________________________________________________

Signature of Owner – (Please sign in the presence of a notary)

________________________________________________________

Printed Name of Owner

Notary Information:

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: _______________________  Name: ______________________________

Please place Notary Stamp in Box.
ATC Retail Permit application Check List
(This document MUST be submitted with application)

Completed application. Make sure all owners, managing members and partners are listed on this application and reflected in any accompanying paperwork. For Corporations & LLC’s, the President or CEO should be the first name on the application and should sign the application and have it notarized. The permit will be in the name of the President, CEO, Managing Member or sole proprietor. All other officers/owners or primary contacts may be listed on page two of the application.

Payment. If using Check or Money Order, make sure either is completely filled out. NO CASH

DL or ID card copies for all listed owners, members, or partners. Work Permit or Visa and Alien ID cards are also acceptable.
* copies can be made in the Tobacco Control office

Copy of Sales and Use Tax Certificate. Type of business should match any accompanying paperwork. Name and address of business must also match what is written on the application. If the Sales and Use Tax shows a different type of entity, advise the applicant that they should get this fixed with Sales Tax.

Copy of Articles of Incorporation for all Corporations and LLCs. If there is an Operating Agreement provide a copy. If there is a Partnership Agreement, please provide a copy.
*Sole proprietorships do not need this documentation.

Copy of Lease agreement, bill of sale, deed, mortgage, purchasing agreement, or other documentation showing a right to occupy permitted property. Making sure that the name and address of the person leasing, buying or on the deed matches that on the Application.

If Applicable: Itemized inventory which lists Brand (Marlboro/Skoal), Style(Blue/100s/Full), container type, (pack, box, can, pouch, carton etc.) and quantity of each type of cigarette or tobacco product purchased from the previous owner (or moved from another store).

Office use only Comments:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Form ATC-R1.2 (7/2015)