



## ARKANSAS TOBACCO CONTROL

101 E. Capitol Ave., Suite 401

Little Rock, AR 72201

Phone: 501-682-9756

Fax: 501-682-9760

Web Address: <http://www.atc.ar.gov>



Asa Hutchinson  
Governor

Steve Goode  
Director

### Instructions to obtain a Retail Exclusive Vapor Product and Alternative Nicotine Product 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 Exclusive Vapor Product and Alternative Nicotine Product 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 an 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. 7<sup>th</sup>, 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](http://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 (5<sup>th</sup> 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](http://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](http://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 web-site 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](http://www.littlerock.org). Phone Number 501-371-4806.



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## **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 permit until all outstanding items are satisfied.

- 1) Complete the Retail Exclusive Vapor Product and Alternative Nicotine Product 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 vapor products, alternative nicotine products or e-liquids that will be transferred to the new business, the new permit holder/store owner must take a written inventory of all such products being transferred to him/her. The itemized inventory listing of **ALL** vapor products, alternative nicotine products and e-liquids in your business must include the brand and type, container type and if applicable, the volume of e-liquid 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.*
- 3) The Retail Exclusive Vapor Product and Alternative Nicotine Product Permit fee is \$100.00
- 4) The Permit Fee can be paid with credit card, check, or money order (WE DO NOT ACCEPT CASH), and must be submitted with your completed application.
- 5) Business premises must be in compliance with all local ordinances, including zoning ordinances.
- 6) 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.
- 7) **Please note that any retailer engaged in the mixing of e-liquids must secure a Manufacturer Tobacco, Vapor Product and Alternative Nicotine Product Permit!**

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



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## Group Business (Corp, LLC, Partnership) Retail Exclusive Vapor Product and Alternative Nicotine Product Permit Request Form

Steve Goode  
Director

### Demographic Business Information:

Permit Fee type:  \$100.00

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 vapor 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  Vapor 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 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!*



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**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



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## **Group Business (Corp, LLC, Partnership) Retail Exclusive Vapor Product and Alternative Nicotine Product 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 and/or, Federal Tobacco Control Agents will periodically conduct inspections to ensure compliance with the law.

**FREE Retail Sale-to-Minor Prevention 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, vapor and alternative nicotine products, cigarettes and e-liquids including the placement of tobacco or vapor 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.



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## ATC Retail Permit application Check List (This document **MUST** be submitted with application)

Applicant  
check List

Office use  
only

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 ATC 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 and type, container type and if applicable, the volume of e-liquid product purchased from the previous owner (or moved from another store).

Office use only Comments:

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