

**CLASS CODE: 5351**

**STATE OF ARKANSAS**

**APPLICATION FOR WHOLESALERS, MANUFACTURERS, TOBACCO PRODUCTS, VAPOR PRODUCTS AND ALTERNATIVE NICOTINE PRODUCTS VENDOR REPRESENTATIVES' LICENSE**

Arkansas Tobacco Control  
101 East Capitol, Suite 401  
Little Rock, AR 72201-3826  
Phone: (501) 682-9756

**EXPIRES JUNE 30<sup>th</sup>  
AFTER DATE OF ISSUE**

**A FEE OF \$25.00 MUST  
ACCOMPANY THIS  
APPLICATION**

PERMIT IS FOR FISCAL YEAR \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Current Permit Number** \_\_\_\_\_

Date \_\_\_\_\_

We hereby make application to the State of Arkansas for Representative's License to sell cigarettes, tobacco products, vapor products and alternative nicotine products, and submit answers to the following questions for your approval.

Name \_\_\_\_\_ Home Address \_\_\_\_\_ Street and/or Post Office Box \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_, (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Town/City State & Zip Home Phone Age

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

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

Employed by \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_, (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Town/City State & Zip Business Phone

In what part of the State do you expect to represent your employer? \_\_\_\_\_

The undersigned hereby declares under penalty of law that the information provided above is true and correct to the best of their knowledge and belief and that they will faithfully comply with the provisions of 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, vapor products and alternative nicotine products and the placement of tobacco, vapor, alternative nicotine and cigarette vending machines, all rules and regulations promulgated pursuant thereto, and all lawful orders of the Board. We further declare that sales will not be made to unlicensed retailers and/or vendors of tobacco products, vapor products and alternative nicotine products.

OFFICE DATE STAMP

\_\_\_\_\_  
**Representative's Signature**

\_\_\_\_\_  
**Wholesaler, Manufacturer or Vendor's Signature**

**\*THIS FORM MUST BE FILLED OUT BEFORE THE APPLICATION WILL BE PROCESSED\***