CLASS CODE: 5351 **PERMIT NO.**

MAIL PAYMENT TO:

ARKANSAS TOBACCO CONTROL
101 EAST CAPITOL, SUITE 401
LITTLE ROCK, AR 72201
PHONE: 501-682-9756

STATE OF ARKANSAS
REQUEST FOR
CIGARETTE VENDING MACHINE STAMPS

(EXPIRES JUNE 30TH AFTER DATE OF ISSUE)

NAME OF BUSINESS	**PHONE**
MAILING ADDRESS	**PHYSICAL ADDRESS**
CITY, STATE, AND ZIP	**CITY, STATE, AND ZIP**

My Current Year Cigarette Vending Machine Permit Number is:_____.

Give the number of Machines you now operate or plan to operate in the coming year_____.

A Surety Bond, the amount of which is determined in relation to the number of machines operated, shall be filed with the **ARKANSAS TOBACCO CONTROL** together with an application to operate Cigarette Vending Machines. The Amount of Bond required is:

1 to 30 Machines	$2,000.00
31 to 60 Machines	$3,000.00
61 to 90 Machines	$4,000.00
91 to 120 Machines	$5,000.00
Over 120 Machines	$6,000.00

AMOUNT OF BOND $_____ _____
NAME OF BONDING COMPANY

_____
ADDRESS OF BONDING COMPANY

NAME AND ADDRESS OF INSURANCE AGENCY: _____

_____

_____

NUMBER OF STAMPS REQUIRED @ $10.00 EACH _____ = $ _____
TOTAL ENCLOSED

STAMP NUMBERS _____

I understand any machines found operating without stamps attached, may be seized by an authorized agent of Arkansas Tobacco Control and sold by the Director on an order of the Pulaski Circuit Court, provided that the owner thereof may redeem said machines within ten (10) days by paying the tax due and costs. I agree to abide by all tobacco laws in the State of Arkansas, including, but not limited to, A.C.A. § 4-75-701 et seq., A.C.A. § 26-57-201 et seq., and A.C.A. § 5-27-227, and to conform to all rules, state tax laws and regulations promulgated pursuant thereto.

SIGNED _____ _____ _____
NAME OF INDIVIDUAL **TITLE** **DATE**