



ARKANSAS TOBACCO CONTROL

101 E. Capitol Ave., Suite 401
Little Rock, AR 72201
Phone: 501-682-9756
http://www.atc.ar.gov



Asa Hutchinson
Governor

Steve Goode
Director

APPLICATION TO SELL AT LESS THAN STATUTORY PRESUMPTIVE MARK UP

Wholesale Application

Retail Application

Name of applicant:

Cigarette Permit No.:

Asserted total cost of doing business per cigarette: \$

What percentage of your cost of doing business is allocable to cigarettes: %

Asserted cost of doing business per cigarette
for only the cigarette portion of the business: \$

Requested percentage cost of doing business submitted for approval: %

I, do hereby
Name Title (owner, partner, corporate officer)

swear or affirm under oath, that the foregoing information is true and correct.

Signature Date:

Please attach a complete copy of the applicant's most recently filed Federal Income Tax Return with supporting schedules as well as the CPA statement required by ATC Rules 15.1(C)(1)(c)/15.2(C)(1)(c).

NOTICE: Any false material statement made under oath in an official proceeding is punishable as a Class C Felony, and could result in a fine of up to \$10,000.00, imprisonment for up to ten years or both.