

**ARKANSAS TOBACCO CONTROL
SPECIAL EVENT CIGARETTE AND TOBACCO PERMIT APPLICATION**

PLEASE READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM. Your permit cannot be processed until ALL of the information requested has been provided. For assistance, please call (501) 682-9756.

1. Our office is open to submit applications for special event permits Monday – Friday from 8:00 am to 4:30 pm. Applications will generally be processed in ten working days or less but may take up to thirty days in some instances.
2. Permits are non-transferable. The event location listed on this application as the site of the event is the only location this permit is valid.
3. The permit will be active for not more than Ten (10) days. The fee for the permit is \$ 5.00.
4. No cash is accepted. Please enclose a check or money order for \$5.00.
5. The application must be signed by the owner, corporate officer, managing partner or managing member. If the business is a partnership, then it must be signed by the managing partner. If the business is an LLC, then it must be signed by the managing member.
6. **A license or permit shall not be issued to:**
 - (i) **A person who has pleaded guilty or nolo contendere to or been found guilty of a felony; or**
 - (ii) **A business owned or operated, in whole or in part, by a person who has pleaded guilty or nolo contendere to or been found guilty of a felony.**
 - (iii) **A business that does not have an active standard tobacco sales permit.**
7. **If requesting business has pending violations, unpaid fines, permit suspensions that have not been served or has had its permit revoked, the special event permit will NOT be approved.**

SECTION I – OWNER INFORMATION

Owner / President or CEO / Managing Partner / Managing Member (Enter complete legal name as it appears on your birth certificate):

Name _____ Title: _____

Date of Birth: _____ SSN: _____ FEIN: _____

Sales Tax Number: _____ Tobacco Permit Number: _____

Business (office) Address: _____

City: _____ State: _____ Zip: _____ Email address: _____

Business Phone Number: _____ Cell Phone Number: _____

Driver's License/ID Number: _____ State of Issuance: _____ Alien Registration No.: _____

Have you ever pled guilty or no contest to a felony or ever been convicted of a felony? Yes (check one) No

SECTION II – EVENT INFORMATION

Name of Event: _____

Dates of Event: (permit will only be valid for these dates) _____

Physical Street Address of Event: _____

City: _____ County: _____ Zip Code: _____

What type of tobacco or tobacco related products will be sold: _____
(Attach separate sheet if necessary)

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 his knowledge and belief, and that he will faithfully comply with all tobacco laws in the State of Arkansas including, but not limited to, 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 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 is applying.

Date: _____

Signature of Owner, Corporate Officer, Managing Partner/Member

Printed Name of Owner, Corporate Officer, Managing Partner/Member and Title