Retail Vapor Product and E-liquid Product Only Permit Application

**Instructions**

- The Retail Vapor Product and E-Liquid Product Only Permit allows businesses to purchase vapor products and e-liquid products from permitted wholesalers to then sell in person and over-the-counter to consumers in the State of Arkansas.

- Fully complete this Application. Incomplete Applications will not be processed. The Application must be notarized by a notary public and all required documentation must be complete and attached to the Application (refer to checklist; Page 10).

- If Applicant is purchasing an existing business with vapor products and/or e-liquid products that will be transferred to the new business, the new permit holder/store owner MUST take a written inventory of all products being transferred. Please use the Inventory Form provided by Arkansas Tobacco Control (“ATC”): https://www.atc.arkansas.gov/forms

**Definitions**

- **Consumer.** “Consumer” means “a member of the public at large.” Ark. Code Ann. § 26-57-203(9).

- **E-Liquid and E-Liquid Product.** “E-liquid’ and ‘e-liquid product’ means a liquid product, which may or may not contain nicotine, that is inhaled when using a vapor product, and that may or may not include without limitation propylene glycol, vegetable glycerin, nicotine from any source, and flavorings.” Ark. Code Ann. § 26-57-203(12).

- **E-Liquid Container.** “E-liquid container’ means a bottle or other container of e-liquid that is sold or provided for mixing at retail and is marketed or intended for use in a vapor product, but does not include e-liquid contained in a cartridge that is sold, marketed, or intended for use in a vapor product if the cartridge is prefilled and sealed by the manufacturer and is not intended to be opened by the consumer.” See Ark. Code Ann. § 26-57-254(d).

- **Vapor Product.** “Vapor product’ means an electronic oral device of any size or shape that contains a vapor of nicotine, e-liquid, or any other substance that when used or inhaled simulates smoking, regardless of whether a visible vapor is produced, including without limitation a device that:

  (A) Is composed of a heating element, battery, electronic circuit, chemical process, mechanical device, or a combination of heating element, battery, electronic circuit, chemical process, or mechanical device;

  (B) Works in combination with a cartridge, other container, or liquid delivery device containing nicotine, e-liquid, or any other substance and manufactured for use with vapor products;

  (C) Is manufactured, distributed, marketed, or sold as any type or derivation of a vapor product, e-cigarette, e-cigar, e-pipe, or any other product name or descriptor; and

**General Information**

1. Do you, Applicant, understand and agree to complete and attach with the application the *Retail Vapor Product and E-Liquid Product Only Permit Application Checklist* (provided on Page 10 of this Application), and to fully provide the requested documentation and/or information contained in that checklist?  

   □ YES □ NO

2. Do you, Applicant, understand and agree to follow, stay current on, and comply with all local, federal and state laws, including, but not limited to Arkansas Code Annotated § 4-75-701, *et al.*, Arkansas Code Annotated § 26-57-201, *et al.*?  

   □ YES □ NO

3. Do you, Applicant, understand that it is illegal in the State of Arkansas to give, barter or sell to anyone under the age of twenty-one (21) tobacco in any form, cigarette paper, vapor product, alternative nicotine product, e-liquid product, or any component of a vapor product, alternative nicotine product, or e-liquid product?  

   □ YES □ NO

4. Has Applicant or any person who owns or operates the business been denied a permit, license, or other authorization to engage in any business by any government agency (Federal, State, local or foreign) or had such permit, license or other authorization revoked, suspended or otherwise terminated?  

   If Yes, please attach to this application the details of each occurrence.

   □ YES □ NO

5. Has Applicant or any person who owns or operates the business ever been convicted of or found in violation of any cigarette, tobacco, alternative nicotine, vapor or e-liquid, or other tobacco product statute, rule, or regulation?  

   If Yes, please attach to this application the details of each occurrence.

   □ YES □ NO

6. Are you, Applicant, purchasing an existing ATC permitted retail location?  

   □ YES □ NO

7. If Yes to Question 6, has Applicant received approval of Arkansas Tobacco Control and the seller by completing the Replacement Notice (available under “Forms” on ATC website)?  

   If Yes, please attach the approved Replacement Notice to this application.  

   If No, please complete and separately submit to ATC the Replacement Notice for approval. The approved Replacement Notice must be included with this Application.

   □ YES □ NO
8. Does Applicant intend to sell *only* vapor products and/or e-liquid products in person and over the counter at retail to consumers in the State of Arkansas?  
☐ YES ☐ NO

9. Does Applicant intend to sell any percentage of tobacco products, including but not limited to cigars, cigarillos, chewing tobacco, hookah tobacco, snuff or cigarettes?  
☐ YES ☐ NO

*If Yes, please instead complete an application for Retail Permit (Tobacco Products, Vapor Products, Alternative Nicotine Products, or E-Liquid Products).*

10. Does Applicant verify and agree that it will not operate out of a residential address and that it will be in compliance with all local ordinances, including zoning ordinances?  
☐ YES ☐ NO

11. Does Applicant intend to manufacture, fabricate, assemble, process, mix compound, repackage or resize any vapor products and/or e-liquid products?  
☐ YES ☐ NO

*If Yes to Question 11, you must also secure a Manufacturer Permit. Permits are not issued same day. Please allow four (4) to five (5) business days for your application to be processed.*

12. If Yes to Question 11, does Applicant attest the manufacturing of vapor products or e-liquid products complies with or will comply with the applicable ingredient listing and submission required by 21 U.S.C. 387d(a)(1) of the Federal Food Drug, and Cosmetic Act (FD&C Act) and related rules (81 FR 28973-01)?

- If “NO,” please submit an explanation as a separate written document.

13. Does Applicant intend to sell any vapor products or e-liquid products that contain any cannabidiol (CBD) or hemp?  
☐ YES ☐ NO

14. Does Applicant verify and agree that all E-Liquid Containers containing nicotine sold in the State of Arkansas will satisfy the child-resistant packaging effectiveness standards described in Arkansas Code Annotated § 26-57-203(4)(A)–(B) when tested in accordance with the methods described by 16. C.F.R. § 1700.20, as it existed on January 1, 2015?  
☐ YES ☐ NO

15. Do you, the Applicant, consent to ATC or Arkansas State Police to conduct a state or national criminal background check on any person listed in this Application?  
☐ YES ☐ NO
- Ark. Code Ann. § 26-57-216(3) prohibits a permit from being issued to any person or business owned or operated by a person who has pleaded guilty or nolo contendere to or been found guilty of a felony.

16. Do you, Applicant, understand and agree to provide written notice to the Arkansas Tobacco Control Director when the business changes physical locations?

- An ATC permit holder must receive ATC approval prior to making any sales at a new location.

17. Do you, Applicant, understand and agree to provide written notice to the ATC Director within thirty (30) days of a change in (i) the managing partner, limited liability company managing member, or president or chief executive officer of a corporation, partnership, or limited liability company; or (ii) the stockholders effecting twenty-five percent (25%) or more of the total voting shares of a nonpublicly traded corporation?

18. Do you, Applicant, understand and agree to maintain a copy of the signed server awareness forms for each employee who engages in the sale of vapor products or e-liquid products, which you must provide immediately upon demand by ATC and its authorized Agents?

19. Do you, Applicant, understand and agree to display in a conspicuous place a sign indicating that the sale of tobacco products, vapor products, alternative nicotine products, e-liquid products, or any component of a vapor products, alternative nicotine products, or e-liquid products to or purchase to or purchase or possession of tobacco products by a minor is prohibited by law?

20. Do you, Applicant, understand and agree to complete a transfer form (available on the ATC website) as soon as any transfer of vapor or e-liquid product from one location to another location within your business (if multiple locations or chain) occurs, and to provide said transfer form immediately by you upon demand by ATC and its authorized Agents?

- A retailer permit holder cannot sell vapor or e-liquid products to another retailer without the proper

21. Do you, Applicant, understand and agree to (i) maintain a copy of any complete transfer forms showing the vapor and/or e-liquid products that were transferred; (ii) the permitted location from which the vapor and/or e-liquid products were transferred; and (iii) when the transfer occurred?
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>22. Do you, Applicant, understand and agree to maintain copies of at least the last ninety (90) days of vapor products or e-liquid product, which you must provide immediately upon demand by ATC and its authorized Agents?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Do you, Applicant, understand and agree to retain and provide invoices for all vapor products and e-liquid products located inside the retail store location?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Do you, Applicant understand and agree to make any invoices that are older than ninety (90) days available upon demand by ATC and its authorized Agents at any time during normal business hours in the retail store location?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Does Applicant owe any sales taxes due to the State of Arkansas?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- If Yes to Question 25, Applicant must satisfy the debt with the appropriate state agency before ATC can approve your permit. Please attach a copy of sales and use tax certificate to this Application.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Business Information

Permit Fee type: $50.00 Retail Vapor Product and E-liquid Product Only Permit; NO CASH PAYMENTS

Legal Business/Company Name: ____________________________________________________________

Business Designation: ☐ Sole Proprietorship (Single Owner) ☐ LLC ☐ INC ☐ Partnership ☐ Corporation ☐ Other __________

If Corporation: Publicly traded? ☐ Yes ☐ No C Corp. ☐ S Corp. ☐ Other Type __________________________

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: (if applicable) __________________________

Physical Business/911 Address: __________________________________________________________

Suite/Unit #: _________________________________________________________________

(Must be numeric address plus street name (example: 152 Smith St); CANNOT be a P.O. Box or location description)

City: __________________________ County: __________________________ Zip Code: __________

Business Mailing Address (if different): __________________________ Suite/Unit #: ________________

(This is the address where you want to receive any and all communication from ATC; CAN include P.O. Box)

City: __________________________ County: __________________________ Zip Code: __________

Store Phone Number: (____) _______ - _______________ Store Fax Number: (____) _______ - _______________

Store Email: __________________________ Previous ATC Permit (if applicable): ___________________

• Note: Arkansas Tobacco Control primarily uses e-mail to communicate with permit holders. Please provide the most up-to-date email for your business that is review frequently.

Are products from a previous business being transferred to you? ☐ Yes ☐ No If yes, MUST attach an Inventory.

Type of Business (Check all that apply): ☐ Convenience Store w/gas ☐ Convenience w/o gas ☐ Vapor Store ☐ Supermarket
☐ Gasoline Kiosk ☐ Wholesale ☐ Manufacturer ☐ Warehouse with retail front ☐ Other __________________________

Facility information: ☐ I own the property ☐ I rent this property ☐ other __________________________

If rent/lease, Landlord name: __________________________________ Phone Number: __________________________

Contact Address: _______________________________________________________________________

Primary Owner/President/CEO Information

Owner/President/CEO Demographic Information: Information must be for the legal head of the company

Owner/President/CEO Name: ____________________________________________ Date of Birth: _____ / _____ / _____

Home Address: __________________________________________________________ Suite/Unit #: ________________

(Must be a numeric address plus street name; CANNOT be a P.O. Box or location description)

City: __________________________ County: __________________________ Zip Code: __________

E-mail Address: __________________________ Phone Number: (______) _______ - ______________

Driver’s License/ID Number: ______________ State of Issuance: ______ Alien Registration No.: __________________________
SSN: __________ - ______ - __________ Percentage of Ownership in business: _______________
Have you ever pled guilty, plead no contest, or been convicted of a Felony? □ YES □ NO

Use these sections to
(1) list any other person(s) considered owners (Example: Wife/Husband, Brother/Sister, Son/Daughter, etc.)
OR
(2) to list any other business partners, LLC members, company officers, stockholders, etc.
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
Name: ___________________________________________ Date of Birth: _____ /_____ /_______
Home Address: __________________________________________ Suite/Unit #:_________________
(Must be a numeric address plus street name; CANNOT be a P.O. Box or location description)
City: _____________________________ County: _____________________ Zip Code: ___________
E-mail Address: ___________________________ Phone Number: (___) _____ - ______
Driver’s License/ID Number: ____________ State of Issuance: _____ Alien Registration No.: ___________
SSN: __________ - ______ - __________ Percentage of Ownership in business: ______________%
Have you ever pled guilty, pled no contest, or been convicted of a Felony? □ YES □ NO

Officer/Partner Information:
Name: ___________________________________________ Date of Birth: _____ /_____ /_______
Home Address: __________________________________________ Suite/Unit #:_________________
(Must be a numeric address plus street name; CANNOT be a P.O. Box or location description)
City: _____________________________ County: _____________________ Zip Code: ___________
E-mail Address: ___________________________ Phone Number: (___) _____ - ______
Driver’s License/ID Number: ____________ State of Issuance: _____ Alien Registration No.: ___________
SSN: __________ - ______ - __________ Percentage of Ownership in business: ______________%
Have you ever pled guilty, pled no contest, or been convicted of a Felony? □ YES □ NO

Officer/Partner Information:
Name: ___________________________________________ Date of Birth: _____ /_____ /_______
Home Address: __________________________________________ Suite/Unit #:_________________
(Must be a numeric address plus street name; CANNOT be a P.O. Box or location description)
City: _____________________________ County: _____________________ Zip Code: ___________
E-mail Address: ___________________________ Phone Number: (___) _____ - ______
Driver’s License/ID Number: ____________ State of Issuance: _____ Alien Registration No.: ___________
SSN: __________ - ______ - __________ Percentage of Ownership in business: ______________%
Have you ever pled guilty, pled no contest, or been convicted of a Felony? □ YES □ NO
Officer/Partner Information:
Name: ___________________________________________ Date of Birth: _____ /_____/_______
Home Address: ______________________________________ Suite/Unit #:__________________
(Must be a numeric address plus street name; CANNOT be a P.O. Box or location description)
City: ___________________ County: __________________ Zip Code: ___________
E-mail Address: __________________________________ Phone Number: (____) _____-__________
Driver’s License/ID Number: ____________ State of Issuance: _____ Alien Registration No.: __________
SSN: __________ - ________ - ____________ Percentage of Ownership in business: ____________%
Have you ever pled guilty, pled no contest, or been convicted of a Felony? ☐ YES ☐ NO

Officer/Partner Information:
Name: ___________________________________________ Date of Birth: _____ /_____/_______
Home Address: ______________________________________ Suite/Unit #:__________________
(Must be a numeric address plus street name; CANNOT be a P.O. Box or location description)
City: ___________________ County: __________________ Zip Code: ___________
E-mail Address: __________________________________ Phone Number: (____) _____-__________
Driver’s License/ID Number: ____________ State of Issuance: _____ Alien Registration No.: __________
SSN: __________ - ________ - ____________ Percentage of Ownership in business: ____________%
Have you ever pled guilty, pled no contest, or been convicted of a Felony? ☐ YES ☐ NO

Officer/Partner Information:
Name: ___________________________________________ Date of Birth: _____ /_____/_______
Home Address: ______________________________________ Suite/Unit #:__________________
(Must be a numeric address plus street name; CANNOT be a P.O. Box or location description)
City: ___________________ County: __________________ Zip Code: ___________
E-mail Address: __________________________________ Phone Number: (____) _____-__________
Driver’s License/ID Number: ____________ State of Issuance: _____ Alien Registration No.: __________
SSN: __________ - ________ - ____________ Percentage of Ownership in business: ____________%
Have you ever pled guilty, pled no contest, or been convicted of a Felony? ☐ YES ☐ NO

Officer/Partner Information:
Name: ___________________________________________ Date of Birth: _____ /_____/_______
Home Address: ______________________________________ Suite/Unit #:__________________
(Must be a numeric address plus street name; CANNOT be a P.O. Box or location description)
City: ___________________ County: __________________ Zip Code: ___________
E-mail Address: __________________________________ Phone Number: (____) _____-__________
Driver’s License/ID Number: ____________ State of Issuance: _____ Alien Registration No.: __________
SSN: __________ - ________ - ____________ Percentage of Ownership in business: ____________%
Have you ever pled guilty, pled no contest, or been convicted of a Felony? ☐ YES ☐ NO

ATC-R8 (5-2022)
Have you ever pled guilty, pled no contest, or been convicted of a Felony? ☐ YES ☐ NO

**Important Information**

Please note that this application **MUST** be completed in its entirety. Any application that is submitted that is incomplete will **not** be accepted and will be returned to the applicant. Please review the application and the accompanying checklist to ensure that you have provided 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 furthermore acknowledging that they understand that Arkansas Tobacco Control Agents, Federal Tobacco Control Agents, or any other lawful Tobacco Control Entity will periodically conduct inspections and compliance checks to ensure compliance with the law.

**FREE Retail 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.**

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**Legal Responsibility – Application Signature Page**

By dating and signing below, I certify and attest that I am an owner or duly authorized agent, partner, officer, or Applicant and hereby declare and sign under penalty of law that the information provided on this application (all pages 2 through 9, including the Application Checklist) is true and correct to the best of my knowledge and belief, and that the Applicant is a Wholesaler in fact. The undersigned applicant also agrees to faithfully comply with all local, state, and federal laws including, but not limited to, the “Unfair Cigarette Sales Act,” A.C.A. § 5-27-227 (controlling the provision of minors with tobacco products and cigarettes and the placement of tobacco vending machines), the “Arkansas Tobacco Products Tax Act of 1977,” 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 or Authorized Representative – (Please sign in notary’s presence)

____________________________________________________________________

Printed Name of Owner or Authorized Representative

____________________________________________________________________

Business Title of Owner or Authorized Representative

**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

ATC-R8 (5-2022)
Retail Vapor Product and E-liquid Product Only Permit Application Checklist

(This document **MUST** be submitted with application)

- **Completed Application.** The Applicant must complete and sign the Application for Retail Vapor Product and E-Liquid Product Only Permit for submission to Arkansas Tobacco Control.

- **Payment.** A Check or Money Order must be sent with the Application. Please ensure both the Check or Money Order is completely and accurately filled out. **NO CASH PAYMENTS.**

- **COLOR copies of DL or ID.** Attach to Application color copies of Drivers’ License or ID for all listed owners, members and partners. Work Permit, Visas and Alien ID cards are also acceptable. If dropping off application in person, copies can be made in the Tobacco Control office.

- **Copy of Sales and Use Tax Certificate.** Applicant must apply for and receive an Arkansas sales-and-use tax permit from the Arkansas Department of Finance and Administration (DFA): https://www.dfa.arkansas.gov/excise-tax/ (Sales and Use Tax). Attach to Application a copy of sales and use tax certificate(s). Name, address, and business designation should match the accompanying paperwork.

- **Secretary of State’s Office filings.** Attach to Application copies of Secretary of State’s Office filings: All proof of registration documents (if Corporation, LLC or Partnership), fictitious/DBA name filings, and copies of Articles of Incorporation, Operating Agreements, or Partnership Agreements.

- **Proof of ownership/right to occupy permitted property.** Attach to Application copies of any deed, lease, rental agreement, bill of sale, mortgage, purchasing agreement or other documentation showing a right to occupy the permitted property.

- **Itemized inventory** which lists brand, type, flavor, package type(s), and quantity of each product from the previous owner, if applicable.

**NOTICE: ALL ARKANSAS TOBACCO CONTROL PERMITS EXPIRE JUNE 30TH AFTER DATE OF ISSUE AND MUST BE RENEWED EACH YEAR**