



**State of Arkansas  
Department of  
Finance  
And  
Administration**

**DFA - ARKANSAS TOBACCO CONTROL**  
101 E. Capitol Ave., Suite 401  
Little Rock, AR 72201  
Phone: (501) 682-9756  
Fax: (501) 682-9760  
<https://www.atc.arkansas.gov>



**REPLACEMENT NOTICE**

*(This form to be completed by the current permit holder/business owner. This form must be filled out completely, to be accepted and processed!)*

I, \_\_\_\_\_, am selling my retail business location *(that has an ATC permit*  
Please Print Seller Name - Last, First, MI

*listed below)* to \_\_\_\_\_ and do hereby give said person/business  
Please Print Buyer Name - Last, First, MI

permission to operate on my permit(s) until such time as consideration of his/her replacement permit application is completed by the Tobacco Control Division, but no more than thirty (30) days from the date of sale *(provided below)*.

**Type Permit(s):** \_\_\_\_\_ **Permit No.(s):** \_\_\_\_\_

**Legal Business Name:** \_\_\_\_\_

**Permitted Business Address:** \_\_\_\_\_

Address

City

Zip Code

**Date of Sale of above existing permitted retail location:** \_\_\_\_\_

*(This is the date of possession listed on the closing or lease documents)*

**Buyer Contact Information:** \_\_\_\_\_

Email

Phone

**Permittee's/Seller's Signature**

**Date**

Notary Information: *(A valid Notary must compete and seal)*

For ATC use Only: *(Approved or Denied)*

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,

20\_\_\_\_. My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

(SEAL)