



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

DFA - ARKANSAS TOBACCO CONTROL

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Permit Cancellation Request Form

Demographic Information

Owner/CEO Name: _____ Permit #: _____
Last, First, MI

Legal Business Name: _____

Business Address: _____
Address City Zip Code

Contact Phone number: (____) ____ - _____ Fax Number: (____) ____ - _____

Date you wish your permit to be canceled: _____
Month / Day / Year

Reason the Permit is being canceled:

- Sold the business Closed the business Moved business to a new location
 Other (please explain) _____

Facility information: (please choose the most appropriate response)

- I/we own the property and it is being sold to a new owner
 I/we own the property and have no plans for it at this time (it will be vacant)
 I/we own the property and have rented it out or plan to rent it out to a new business
 I/we rented this property and we are returning it to the Landlord
 Other (please explain) _____

Please note that at the time of your store closing, if you still have tobacco products on site, the owner should contact his/her wholesaler/distributor, to see if any products can be returned. If any products are unreturnable and did not sale, the owner should properly destroy the products. Owners should NEVER carelessly throw out tobacco products where general members of the population could retrieve them from the trash.

If you are selling your business the new owner must contact our office and apply for and receive a tobacco permit. Permits are non-transferable!