1. Our office is open for applying for retail permits on Monday – Thursday from 8:00 am to 4:30 pm and on Friday from 8:00 am to 2:30 pm excluding holidays.

2. Make sure the location of vending machine meets all Federal & State guidelines to be a legal machine.

3. Permits are non-transferable. If purchasing an existing business, you must have in your possession a new permit before purchasing or selling any cigarettes or tobacco products or stocking any vending machines with tobacco products.

4. The permit fee is one hundred dollars ($100.00). A Surety Bond shall be filed with Arkansas Tobacco Control and the amount of the Surety Bond is based on the number of tobacco vending machines operated. If you are purchasing an existing business, please base your Surety Bond on the previous owner’s number of tobacco vending machines.

<table>
<thead>
<tr>
<th>Machines</th>
<th>Surety Bond</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 30</td>
<td>$2,000.00</td>
</tr>
<tr>
<td>31 to 60</td>
<td>$3,000.00</td>
</tr>
<tr>
<td>61 to 90</td>
<td>$4,000.00</td>
</tr>
<tr>
<td>91 to 120</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>Over 120</td>
<td>$6,000.00</td>
</tr>
</tbody>
</table>

5. If you are purchasing an existing business, even if you are going to change the name, you must provide the business’ existing name and permit number (7 digits in upper right hand corner of the previous owner’s permit).

6. No cash is accepted. Please enclose a check or money order for the appropriate amount of your permit.

7. 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.

8. This application, when returned, must be accompanied with a cigarette vending machine stamp application and a complete listing of all vending locations.

9. It is unlawful to purchase or sell cigarettes or any tobacco products until you have your permit in your possession. Selling tobacco products without a permit is a criminal offense.

Permit Application Checklist

- Completed application and color copies of the Driver’s Licenses of all Owners/Partners/LLC Members/Officers
- Check or money order
- Copy of Sales and Use Tax Certificate
- Copy of Articles of Incorporation, Partnership Agreement, or Operating Agreement (if applicable)
- Copy of lease agreement, bill of sale, or purchasing agreement
- Itemized cigarette and tobacco inventory purchased from previous owner (if applicable)
- Surety Bond
- Cigarette Vending machine stamp application
- Complete list of ALL vending locations
Mail with payment to: Arkansas Tobacco Control
101 East Capitol Avenue, Suite 401
Little Rock, AR 72201-3824

Amount of Permit: $100.00

Read instructions carefully before completing this form. For assistance, please call (501) 682-9756.

SECTION I – OWNER INFORMATION

Name of Business
__________________________________________________________________________________________________

DBA: (Enter “Doing Business As” Name, if applicable)
__________________________________________________________________________________________________

Owner / Corporate Officer / Managing Partner / Managing Member (Enter full legal name as it appears on your birth certificate):

Name___________________________________________________________     Title____________________________________________

SSN _____________________________ FEIN _____________________________

Residential Address
City___________________   State __________________   Zip ____________   Email address __________________________________

Home Phone Number _________________________       Cell Phone Number _________________________

Driver’s License/ID Number _________________________      State of Issuance: __________      Alien Registration No. _____________________

Business organized as (check one):  _____ Corporation   _____  Partnership  _____ LLC  _____ Sole Proprietorship

Please provide copy of Articles of Incorporation, Partnership Agreement or Operating Agreement (if applicable)

Full Legal Name of Partners, LLC Members or Corporate Officers (if applicable) (attach extra pages as needed):

Name___________________________________________________________     Title____________________________________________

Residential Address
City___________________   State __________________   Zip ____________   Email address __________________________________

Home Phone Number _________________________       Cell Phone Number _________________________

Driver’s License/ID Number _________________________      State of Issuance: __________      Alien Registration No. _____________________

Name___________________________________________________________     Title____________________________________________

Residential Address
City___________________   State __________________   Zip ____________   Email address __________________________________

Home Phone Number _________________________       Cell Phone Number _________________________

Driver’s License/ID Number _________________________      State of Issuance: __________      Alien Registration No. _____________________

Name___________________________________________________________     Title____________________________________________

Residential Address
City___________________   State __________________   Zip ____________   Email address __________________________________

Home Phone Number _________________________       Cell Phone Number _________________________

Driver’s License/ID Number _________________________      State of Issuance: __________      Alien Registration No. _____________________
SECTION II – BUSINESS INFORMATION

Physical Address of Business

City___________________________________    County________________________________ Zip Code____________________________

Sales Tax #_________________________________________________ Type of business___________________________ w/Gas?______

(Attach copy of certificate**)

Mailing Address

City___________________________________ State___________________________ Zip Code____________________________

Business Telephone # _________________________________    Business Fax Number __________________________________________

Date you will begin operating your business: _________________________________

Is the business property leased, rented, or owned by you or your business? _________________________

(Attach copy of lease agreement, bill of sale or purchasing agreement**)

Did you purchase the inventory of an established business? _____________

(If so, provide a copy of the itemized cigarette and tobacco inventory**)

A Surety Bond shall be filed with Arkansas Tobacco Control based on the number of vending machines operated:

<table>
<thead>
<tr>
<th>Number of Machines</th>
<th>Bond Amount</th>
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<tr>
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<td>$6,000.00</td>
</tr>
</tbody>
</table>

(Attach Surety Bond)

This application must be accompanied with a cigarette vending machine stamp application.

This application must be accompanied with a complete listing of all vending locations.

If purchasing or leasing an existing business:

Name of Business Purchased: __________________________________________

Relationship to previous owner: _______________________________________

Tobacco Permit Number of Previous Owner ________________ Date of Purchase ________________

I declare under penalty of law that the information I have provided is complete, true and correct and that I will faithfully comply with Arkansas Tobacco Laws, A.C.A. § 4-75-701 through 4-75-713, 5-27-227, 26-57-201 through 26-57-262, 26-57-801 through 26-57-805, 26-57-1101 through 26-57-1108, 26-57-1301 through 26-57-1307, and 20-27-2101 through 20-27-2122 and the Rules of the Arkansas Tobacco Control Board.

Date:_________________________ Signature of Owner, Corporate Officer, Managing Partner/Member

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

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:_________________________ Notary Public

** Required Items – Application will not be processed unless required items are attached.