

**CLASS CODE: 5351**

**PERMIT NO.**

**MAIL PAYMENT TO:**

**ARKANSAS TOBACCO CONTROL  
101 EAST CAPITOL, SUITE 401  
LITTLE ROCK, AR 72201  
PHONE: 501-682-9756**

**ARKANSAS TOBACCO CONTROL (ATC)  
REQUEST FOR VENDING MACHINE PERMIT STAMPS  
(EXPIRES JUNE 30<sup>TH</sup> AFTER DATE OF ISSUE)**

\_\_\_\_\_  
**NAME OF BUSINESS**

\_\_\_\_\_  
**PHONE**

\_\_\_\_\_  
**MAILING ADDRESS**

\_\_\_\_\_  
**PHYSICAL ADDRESS**

\_\_\_\_\_  
**CITY, STATE, AND ZIP**

\_\_\_\_\_  
**CITY, STATE, AND ZIP**

My Current Year Vending Machine Permit Number is: \_\_\_\_\_.

Give the number of Machines you now operate or plan to operate in the coming year \_\_\_\_\_.

A Surety Bond, the amount of which is determined in relation to the number of machines operated, shall be filed with the **ARKANSAS TOBACCO CONTROL** together with an application to operate ATC Vending Machines. The Amount of Bond required is:

1 to 30 Machines	\$2,000.00
31 to 60 Machines	\$3,000.00
61 to 90 Machines	\$4,000.00
91 to 120 Machines	\$5,000.00
Over 120 Machines	\$6,000.00

AMOUNT OF BOND \$ \_\_\_\_\_

\_\_\_\_\_  
**NAME OF BONDING COMPANY**

\_\_\_\_\_  
**ADDRESS OF BONDING COMPANY**

NAME AND ADDRESS OF INSURANCE AGENCY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NUMBER OF STAMPS REQUIRED @ \$10.00 EACH** \_\_\_\_\_ = \$ \_\_\_\_\_

**TOTAL ENCLOSED**

**STAMP NUMBERS** \_\_\_\_\_

I understand any machines found operating without stamps attached, may be seized by an authorized agent of Arkansas Tobacco Control and sold by the Director on an order of the Pulaski Circuit Court, provided that the owner thereof may redeem said machines within ten (10) days by paying the tax due and costs. I agree to abide by all tobacco laws in the State of Arkansas, including, but not limited to, A.C.A. § 4-75-701 et seq., A.C.A. § 26-57-201 et seq., and A.C.A. § 5-27-227, and to conform to all rules, state tax laws and regulations promulgated pursuant thereto.

**SIGNED** \_\_\_\_\_

**NAME OF INDIVIDUAL**

**TITLE**

**DATE**