FORWARD APPLICATION TO:

ARKANSAS TOBACCO CONTROL

CLASS CODE: 5351

Arkansas Tobacco Control 101 E. Capitol Ave., Suite 401 Little Rock, AR 72201-3826

(Do not send cash)

_Date_____

Phone: (501) 682-9756 Fax: (501) 682-9760

PERMIT NO._____

PERMIT FEE \$1,000.00

https://atc.arkansas.gov Application for

Signature_____

	W	HOLE	ESALE PERMIT	•			
	Tobacco Products, Vapor Pr	roducts, A	Iternative Nicotine Prod	ucts, or E-liquid	Products)		
Type or print legibly:							
	ESS						
STREET ADDRES	S						
	STATE]	PHONE			
	SS						
	SALES TAX NUMBER(IF APPLICABLE)						
POINT-OF-CONTA	ACT EMAIL ADDRES	S					
Separate applications m	ust also be filed for each est	ablished p	place of business.				
Type of business:							
	Partnership	Otne	er (specify)				
Name	Title		Name		Title		
Residence Address			Residence Address				
City	State Zi _I	p	City		State	Zip	
Date of Birth			Date of Birth				
Have you ever pled guilty.		NO	Have you ever pled guilty		750 D N	0	
or been convicted of a felo	ony? YES	NO	or been convicted of a fel	ony?	YES N	U	
	VALID STATE ISSUEI CATION * MUST BE A						
LIST ADDITIONAL	PERSONS ON REVERSI	E SIDE O	OF THIS FORM OR AT	TTACH LIST T	O THIS FOR	RM	
his/her or their knowle including, but not limit A.C.A. §26-57-201 et se products and cigarettes	ant hereby declares under pdge and belief, and that he ed to, the "Unfair Cigarette eq., and A.C.A. §5-27-227, cand the placement of tobacod pursuant thereto, and all la	will faith Sales Act controlling co, vapor	afully comply with all to t," A.C.A. §4-75-701 et to the provision of minors products and alternative	obacco and vapor seq., the "Arkans with tobacco, vap	r laws in the sas Tobacco I por products,	State of Arkansas Products Tax Act," alternative nicotine	
Name			Title				