

FORWARD APPLICATION TO:
Arkansas Tobacco Control
101 E. Capitol Ave., Suite 401
Little Rock, AR 72201-3826
Phone: (501) 682-9756
Fax: (501) 682-9760
atc.arkansas.gov

ARKANSAS TOBACCO CONTROL

CLASS CODE: 5351

PERMIT FEE \$500
(Do not send cash)

Application for

PERMIT NO. _____

**MANUFACTURER TOBACCO PRODUCTS AND ALTERNATIVE NICOTINE
PRODUCTS ONLY PERMIT**

Type or print legibly:

NAME OF BUSINESS _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____ COUNTY _____
MAILING ADDRESS _____
E-MAIL ADDRESS _____
FEIN NUMBER _____ COMPANY PHONE NUMBER _____

Separate applications must be filed for a manufacturer cigarette permit, manufacturer tobacco, vapor product and alternative nicotine product permit, wholesale cigarette or wholesale tobacco, vapor product and alternative nicotine product permit, wholesale sales representative permit, retail cigarette, tobacco, vapor product and alternative nicotine product permit, tobacco, vapor product and alternative nicotine product vendor permit, and manufacturer's representative permit. Separate applications must also be filed for each established place of business.

Type of business: (check one) Sole Proprietorship Corporation: Publically traded? Y N
Partnership C Corp.
LLC S Corp.
INC Other type (specify) _____

NAMES OF OWNERS, PARTNERS, OFFICERS AND DIRECTORS:

| | | | |
|--|----------------|--|----------------|
| _____ Name | _____ Title | _____ Name | _____ Title |
| _____ Residence Address | | _____ Residence Address | |
| _____ City | _____ State | _____ City | _____ State |
| _____ Zip | | _____ Zip | |
| Have you ever pled guilty, no contest or been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Have you ever pled guilty, no contest or been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO | |

COLOR COPY OF VALID STATE ISSUED ID LISTING NAME AND DATE OF BIRTH FOR EVERY PERSON LISTED ON APPLICATION * MUST BE ATTACHED FOR APPLICATION TO BE PROCESSED

The undersigned applicant hereby declares and signs under penalty of law that the information provided on this application is true and correct to the best of his/her or their knowledge and belief, and that he will faithfully comply with all tobacco and vapor laws in the State of Arkansas including, but not limited to, the "Unfair Cigarette Sales Act," A.C.A. §4-75-701 et seq., the "Arkansas Tobacco Products Tax Act," A.C.A. §26-57-201 et seq., and A.C.A. §5-27-227, controlling the provision of minors with tobacco, vapor and alternative nicotine products, cigarettes and e-liquids, and the placement of tobacco and vapor vending machines, all rules promulgated pursuant thereto, and all lawful orders of the Arkansas Tobacco Control Board. Applicant understands and agrees that any intentional false or misleading information, of any nature, or relative to any item, will be sufficient grounds for denial or subsequent revocation of the Permit for which he is applying.

Printed Name _____ Title _____
Signature _____ Date _____

NAMES OF OWNERS, PARTNERS, OFFICERS AND DIRECTORS:

COLOR COPY OF VALID STATE ISSUED ID LISTING NAME AND DATE OF BIRTH FOR EVERY PERSON LISTED ON APPLICATION * MUST BE ATTACHED FOR APPLICATION TO BE PROCESSED

Name _____ Title _____

Residence Address _____

City _____ State _____ Zip _____
Date of Birth _____
Have you ever pled guilty, no contest
or been convicted of a felony? YES NO

Name _____ Title _____

Residence Address _____

City _____ State _____ Zip _____
Date of Birth _____
Have you ever pled guilty, no contest
or been convicted of a felony? YES NO

Name _____ Title _____

Residence Address _____

City _____ State _____ Zip _____
Date of Birth _____
Have you ever pled guilty, no contest
or been convicted of a felony? YES NO

Name _____ Title _____

Residence Address _____

City _____ State _____ Zip _____
Date of Birth _____
Have you ever pled guilty, no contest
or been convicted of a felony? YES NO

Name _____ Title _____

Residence Address _____

City _____ State _____ Zip _____
Date of Birth _____
Have you ever pled guilty, no contest
or been convicted of a felony? YES NO

Name _____ Title _____

Residence Address _____

City _____ State _____ Zip _____
Date of Birth _____
Have you ever pled guilty, no contest
or been convicted of a felony? YES NO

Name _____ Title _____

Residence Address _____

City _____ State _____ Zip _____
Date of Birth _____
Have you ever pled guilty, no contest
or been convicted of a felony? YES NO

Name _____ Title _____

Residence Address _____

City _____ State _____ Zip _____
Date of Birth _____
Have you ever pled guilty, no contest
or been convicted of a felony? YES NO

Name _____ Title _____

Residence Address _____

City _____ State _____ Zip _____
Date of Birth _____
Have you ever pled guilty, no contest
or been convicted of a felony? YES NO

Name _____ Title _____

Residence Address _____

City _____ State _____ Zip _____
Date of Birth _____
Have you ever pled guilty, no contest
or been convicted of a felony? YES NO

Name _____ Title _____

Residence Address _____

City _____ State _____ Zip _____
Date of Birth _____
Have you ever pled guilty, no contest
or been convicted of a felony? YES NO

Name _____ Title _____

Residence Address _____

City _____ State _____ Zip _____
Date of Birth _____
Have you ever pled guilty, no contest
or been convicted of a felony? YES NO

City _____
State _____

City _____
State _____