AFFIDAVIT

By Applicant for

$MANUFACTURER\ CIGARETTE\ PERMIT\ AND/OR\ TOBACCO\ PRODUCTS,\ ALTERNATIVE\ NICOTINE\ PRODUCTS\ ONLY\ PERMIT\ AND/OR\ VAPOR\ PRODUCT\ AND\ E-LIQUID\ PRODUCT\ ONLY\ PERMIT$

Notary							
State of							
County of)ss)					
Before me				, a			
	Notary Name				Title		
for the county and st	tate aforesaid, this day p			Full Name			
Who, being duly sw	orn, upon oath states:		======= nt Information	n Below			
(A). That in my cap	pacity asName o	of President/CEC	or Other	I am authorized to make attestati	ons for the Applicant		
(B). That	That is the full name of the Applicant. Name of Business Applying [Applicant]						
[] Sole Prop	nt is organized and doin prietorship [] Parti pecify) pyide a copy of the Leas	nership []L		oration: C Corp [] S Corp [] publical			
(D). That the owner	er(s) of the Applicant bu	_			,		
IFull Nam	ne (no abbreviations)		Age	Office Address			
Residence Address				Length	of Residence		
Length of Residen	ce in Country (if currer	ntly or previously	y not U.S. Cit	rizen)			
	Social Securit	y No.	,Per	rcentage of Ownership or Shares Held o	f Total Shares Issued		
2Full Nam	ne (no abbreviations)	DOB Ag	,e	Office Address			
Residence Address				Length of Residence			
Length of Residen	ce in Country (if currer	atly or previously	y not U.S. Cit	tizen)			
Social Security No.			Per	Percentage of Ownership or Shares Held of Total Shares Issued			

3	,	,	
Full Name (no abbreviations)	DOB	Age	Office Address
Residen	Length of Residence		
Length of Residence in Country (if currently	or previously	not U.S. Citizen)
Social Security No.		Percenta	ge of Ownership or Shares Held of Total Shares Issued
4, Full Name (no abbreviations)	, DOB	, Age	Office Address
Residence A	Length of Residence		
Length of Residence in Country (if currently of	or previously	not U.S. Citizen)
Social Security No.		Percent	/_age of Ownership or Shares Held of Total Shares Issued
(E). That the Federal Identification Number of	the Applicant	t is	
(F). That the Applicant is a Manufacturer in fac	et that is opera	ating or conduct	ing business at:
		Office Location	 1
which property is owned [] or leased []		leased, state exa	nct period expiration date
Lessor's name / home address			Warehouse location (street)
			(city, state)
and correct to the best of his/her or their known of Arkansas including, but not limited to, the Products Tax Act," A.C.A. §26-57-201 et sec and cigarettes and the placement of tobacco valuation lawful orders of the Arkansas Tobacco Contra	wledge and be "Unfair Ciga q., and A.C.A rending mach ol Board. Ap	elief, and that he wrette Sales Act,' . §5-27-227, con ines, all rules ar oplicant understa	with the information provided on this application is true will faithfully comply with all tobacco laws in the State A.C.A. §4-75-701 et seq., the "Arkansas Tobacco atrolling the provision of minors with tobacco products and regulations promulgated pursuant thereto, and all ands and agrees that any intentional false or misleading ds for denial or subsequent revocation of the Permit for
			Signature of Affiant
Subscribed and sworn to before me this		day of	, 20
J			
Signature Title	e of Officer A	dministering Oa	nth
My Commission Expires: FORM ATC-M4 (7/2020)			