

CLASS CODE: 5351

STATE OF ARKANSAS
APPLICATION FOR MANUFACTURER'S SALESPERSON PERMIT

Arkansas Tobacco Control
101 East Capitol, Suite 401
Little Rock, AR 72201-3826
Phone: (501) 682-9756

**EXPIRES JUNE 30th
AFTER DATE OF ISSUE**

**A FEE OF \$25.00 MUST
ACCOMPANY THIS
APPLICATION**

PERMIT IS FOR FISCAL YEAR _____

Social Security Number _____-_____-_____

Current Permit Number _____

Date _____

We hereby make application to the State of Arkansas for Manufacturer's Salesperson Permit to sell either cigarettes, or tobacco products and alternative nicotine products, or vapor products and e-liquid products, based upon the type of permit the manufacturer has. We submit answers to the following questions for your approval.

Name _____ Home Address _____ Street and/or Post Office Box _____

_____ Town/City _____ State & Zip _____, (_____) _____ Home Phone _____ Age _____

Date of Birth _____ Have you every pled guilty, no contest or been convicted of a felony? Yes No

Driver's License Number _____ State _____ **Please attach clear copy of Driver's License**

Employed by _____

Mailing Address _____

_____ Town/City _____ State & Zip _____, (_____) _____ Business Phone _____

In what part of the State do you expect to represent your employer? _____

The undersigned hereby declares under penalty of law that the information provided above is true and correct to the best of their knowledge and belief and that they will faithfully comply with the provisions of 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 products, vapor products, e-liquid products and alternative nicotine products and the placement of tobacco, vapor, e-liquid, alternative nicotine and cigarette vending machines, all rules and regulations promulgated pursuant thereto, and all lawful orders of the Board. We further declare that sales will not be made to unpermitted retailers and/or vendors of tobacco products, vapor products, e-liquid and alternative nicotine products.

Representative's Signature

Manufacturer's Signature

THIS FORM MUST BE FILLED OUT BEFORE THE APPLICATION WILL BE PROCESSED