



**State of Arkansas  
Department of  
Finance  
And Administration**

**DFA - ARKANSAS TOBACCO CONTROL**  
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Little Rock, AR 72201  
Phone: (501) 682-9756  
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<https://www.atc.arkansas.gov>



**REPLACEMENT NOTICE**

**DATE:** \_\_\_\_\_

I, \_\_\_\_\_, am selling an existing permitted retail  
Last, First, MI

location (listed below) to \_\_\_\_\_ and do hereby give said  
person/business permission to operate on my permit(s) until such time as consideration of his/her replacement permit  
application is completed by the Tobacco Control Division, but no more than thirty (30) days from the date of sale.

**Type Permit(s):** \_\_\_\_\_

**Permit No.(s):** \_\_\_\_\_

**Legal Business Name:** \_\_\_\_\_

**Permitted Business Address:** \_\_\_\_\_

Address

\_\_\_\_\_ City

\_\_\_\_\_ Zip Code

**Date of Sale of above existing permitted retail location:** \_\_\_\_\_

\_\_\_\_\_  
**Permittee's/Seller's Signature**

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**For ATC Use Only. Approved by ATC:**