



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

DFA - ARKANSAS TOBACCO CONTROL
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<https://www.atc.arkansas.gov>



REPLACEMENT NOTICE

DATE: _____

I, _____, am selling an existing permitted retail location
Last, First, MI (Seller)

(listed below) to _____ and do hereby give said person/business
Last, First MI (Buyer)

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 (provided below).

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: _____

Buyer Contact Information: _____
Email Phone

Permittee's/Seller's Signature

Sworn to before me this ____ day of _____, 20__

My Commission Expires: _____

Notary Public

(SEAL)

For ATC Use Only. Approved by ATC: