



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

**DFA - ARKANSAS TOBACCO CONTROL**

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Little Rock, AR 72201  
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<https://www.atc.arkansas.gov>



## Special Event/Temporary Event Permit Application

### Instructions

- The Special Event/Temporary Event Permit allows a **current** Arkansas Tobacco Control (“ATC”) permit holder to sell tobacco products, vapor products or e-liquid products to consumers at picnics, fairs, carnivals, circuses, or any other temporary public gathering for periods not to exceed ten (10) days for a fee of five dollars (\$5.00). Ark Code Ann. § 26-57-215(b)(5).
- Fully complete this Application. Incomplete Applications will not be processed. The Application **must** be notarized by a notary public and all required documentation **must** be complete.

### Definitions

- **Alternative Nicotine Products.** “Alternative nicotine product” means a “product that consists of or contains nicotine that can be ingested into the body by chewing, smoking, absorbing, dissolving, inhaling snorting, sniffing, or by any other means” and does not include a tobacco product or a vapor product. Ark. Code Ann. § 26-57-203(1)(A)–(B).
- **E-Liquid and E-Liquid Products.** “‘E-liquid’ and ‘e-liquid product’ means a liquid product, which may or may not contain nicotine, that is inhaled when using a vapor product, and that may or may not include without limitation propylene glycol, vegetable glycerin, nicotine from any source, and flavorings.” Ark. Code Ann. § 26-57-203(12).
- **Tobacco Products.** “‘Tobacco products’ means all products containing tobacco for consumption, including without limitation cigarettes, cigars, little cigars, cigarillos, chewing tobacco, smokeless tobacco, snuff, smoking tobacco, including pipe tobacco, and smoking tobacco substitutes[.]” Ark. Code Ann. § 26-57-203(32).
- **Vapor Products.** “‘Vapor product’ means an electronic oral device of any size or shape that contains a vapor of nicotine, e-liquid, or any other substance that when used or inhaled simulates smoking, regardless of whether a visible vapor is produced, including without limitation a device that:
  - (A) Is composed of a heating element, battery, electronic circuit, chemical process, mechanical device, or a combination of heating element, battery, electronic circuit, chemical process, or mechanical device;
  - (B) Works in combination with a cartridge, other container, or liquid delivery device containing nicotine, e-liquid, or any other substance and manufactured for use with vapor products;
  - (C) Is manufactured, distributed, marketed, or sold as any type or derivation of a vapor product, e-cigarette, e-cigar, e-pipe, or any other product name or descriptor; and
  - (D) Does not include a product regulated as a drug or device by the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. § 301 et seq., as it existed on January 1, 2015.” Ark. Code Ann. § 26-57-203(34).

### General Information

1. Do you, Applicant, verify and agree that you hold an active and valid ATC permit?

- **If Yes, please provide you current permit number for each ATC permit you hold:**

\_\_\_\_\_

- **If No, you do not qualify for this type of permit and cannot proceed.**

YES  NO

<p>2. Applicant intends to sell the following products (please select all applicable boxes below):</p> <p> <input type="checkbox"/> Cigarettes    <input type="checkbox"/> Vapor and/or E-Liquid Products    <input type="checkbox"/> Roll-Your-Own Tobacco    <input type="checkbox"/> Hookah Tobacco (e.g., Shisha)  <input type="checkbox"/> Cigars    <input type="checkbox"/> Alternative Nicotine Products    <input type="checkbox"/> Chewing Tobacco    <input type="checkbox"/> Moist Tobacco (e.g., Snuff)  <input type="checkbox"/> Other: _____ </p>	
<p>3. Do you, Applicant, verify and agree that the event you are seeking to secure a permit is truly temporary in nature and no more than ten (10) days in duration?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>4. Do you, Applicant, understand and agree to follow, stay current on, and comply with all local, federal and state laws, including, but not limited to Arkansas Code Annotated § 4-75-701, <i>et al.</i>, Arkansas Code Annotated § 26-57-201, <i>et. al.</i>?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>5. Do you, Applicant, understand that it is illegal in the State of Arkansas to give, barter or sell to anyone under the age of twenty-one (21) tobacco in any form, cigarette paper, vapor product, alternative nicotine product, e-liquid product, or any component of a vapor product, alternative nicotine product, or e-liquid product?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>6. Has Applicant or any person who owns or operates the business been denied a permit, license, or other authorization to engage in any business by any government agency (Federal, State, local or foreign) or had such permit, license or other authorization revoked, suspended or otherwise terminated?</p> <p><b>If Yes, please attach to this application the details of each occurrence.</b></p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>7. Has Applicant or any person who owns or operates the business ever been convicted of or found in violation of any cigarette, tobacco, alternative nicotine, vapor or e-liquid, or other tobacco product statute, rule, or regulation?</p> <p><b>If Yes, please attach to this application the details of each occurrence.</b></p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>8. Do you, the Applicant, consent to ATC or Arkansas State Police to conduct a state or national criminal background check on any person listed in this Application?</p> <p>▪ <b>Ark. Code Ann. § 26-57-216(3) prohibits a permit from being issued to any person or business owned or operated by a person who has pleaded guilty or nolo contendere to or been found guilty of a felony.</b></p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>9. Do you, Applicant, understand and agree to maintain a copy of the signed server awareness forms for each employee who engages in the sale of vapor products or e-liquid products, which you must provide immediately upon demand by ATC and its authorized Agents?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

<p>10. Do you, Applicant, understand and agree to display in a conspicuous place a sign indicating that the sale of tobacco products, vapor products, alternative nicotine products, e-liquid products, or any component of a vapor product, alternative nicotine product, or e-liquid product to or purchase or possession of tobacco products by a minor is prohibited by law?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>11. Do you, Applicant, understand and agree to maintain copies of invoices for at least the last ninety (90) days of vapor products or e-liquid product sold at the temporary event, which you must provide immediately upon demand by ATC and its authorized Agents?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>12. Does Applicant owe any sales taxes to the State of Arkansas?</p> <ul style="list-style-type: none"> <li>▪ <b>If Yes to Question 12, Applicant must satisfy the debt with the appropriate state agency before ATC can approve your permit. Please attach a copy of sales and use tax certificate to this application.</b></li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>13. Does Applicant have any pending ATC violations, unpaid ATC fines or outstanding ATC permit suspensions?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Vapor Products and E-Liquid Products</b>	
<p>14. Does Applicant intend to sell any vapor products and/or e-liquid products to consumers in the State of Arkansas?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>(a) If Yes to Question 14, does Applicant intend to sell any vapor products or e-liquid products that contain any cannabidiol (CBD) or hemp?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>(b) If Yes to Question 14, does Applicant’s vapor products and/or e-liquid products contain no more than 0.3% THC by weight?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>15. Does Applicant verify and agree that all E-Liquid Containers containing nicotine sold in the State of Arkansas will satisfy the child-resistant packaging effectiveness standards described in Arkansas Code Annotated § 26-57-203(4)(A)–(B) when tested in accordance with the methods described by 16. C.F.R. § 1700.20, as it existed on January 1, 2015?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>16. Does Applicant manufacture, fabricate, assemble, process, mix, compound, repackage, or resize any vapor products and/or e-liquid products it intends to sell at the special event/temporary event?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

<p>17. If Yes to Question 16, does Applicant attest the manufacturing of vapor products or e-liquid products complies with or will comply with the applicable ingredient listing and submission required by 21 U.S.C. 387d(a)(1) of the Federal Food Drug, and Cosmetic Act (FD&amp;C Act) and related rules (81 FR 28973-01)?</p> <p>▪ <b>If No, please submit an explanation as a separate written document.</b></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Cigarettes and Roll-Your-Own Tobacco</b>	
<p>18. Does Applicant intend to sell cigarettes or roll-your-own tobacco to consumers in the State of Arkansas?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>19. Does Applicant verify and agree that it will ensure the proper Arkansas tax stamps are properly affixed or otherwise placed on any cigarettes, before selling or displaying for sale?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>20. Do you, Applicant, understand and agree to sell cigarettes at no less than the state-minimum-price?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>21. Do you, Applicant, verify and agree that you will only sell cigarettes and roll-your-own tobacco brands listed on the Arkansas Approved-for-Sale Tobacco Products Directory maintained by the Arkansas Attorney General, and it is your responsibility to know what brands are legal to sell at all times?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>22. Do you, Applicant understand and agree that it is illegal in the State of Arkansas to sell individual cigarettes, and that any cigarettes sold in the State of Arkansas must be in packages of twenty (20) or twenty-five (25) cigarettes, under A.C.A. § 26-57-235 (d)(1)?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Alternative Nicotine Products</b>	
<p>23. Does Applicant intend to sell any alternative nicotine products in person and over the counter at retail to consumers in the State of Arkansas?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>24. Does Applicant verify and agree that all Alternative Nicotine Products containing nicotine sold in the State of Arkansas will satisfy the child-resistant packaging effectiveness standards described in Arkansas Code Annotated § 26-57-203(4)(A)–(B) when tested in accordance with the methods described by 16. C.F.R. § 1700.20, as it existed on January 1, 2015?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

## Business Information

Permit Fee type: **\$5.00** Special Event/Temporary Event Permit; **NO CASH PAYMENTS**

Legal Business/Company Name: \_\_\_\_\_

*Business Designation:*  Sole Proprietorship (Single Owner)  LLC  INC  Partnership  Corporation  Other \_\_\_\_\_

If Corporation: *Publicly traded?*  Yes  No C Corp.  S Corp.  Other Type \_\_\_\_\_

Name of Business if different from Legal Name: \_\_\_\_\_  
(Any fictitious name or 'Doing Business As' (DBA) name must be filed with the Secretary of State's Office)

Sales Tax Number: \_\_\_\_\_ FEIN: (if applicable) \_\_\_\_\_

Physical Business/911 Address: \_\_\_\_\_ Suite/Unit #: \_\_\_\_\_  
(Must be numeric address plus street name (example: 152 Smith St); CANNOT be a P.O. Box or location description)

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Mailing Address (if different): \_\_\_\_\_ Suite/Unit #: \_\_\_\_\_  
(This is the address where you want to receive any and all communication from ATC; CAN include P.O. Box)

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Store Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Store Fax Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Store Email: \_\_\_\_\_

- **Note:** Arkansas Tobacco Control primarily uses e-mail to communicate with permit holders. Please provide the most up-to-date email for your business that is reviewed frequently.

## Special Event/Temporary Event Information

Name of the event: \_\_\_\_\_

Dates and times of the event: \_\_\_\_\_

Physical Address of the event: \_\_\_\_\_

City of Event: \_\_\_\_\_ County of Event: \_\_\_\_\_ Zip Code of Event: \_\_\_\_\_

Physical Description of where you will be physically located and actually selling to consumers at the event (e.g., "at a booth near the large windmill" or "in a red tent located at the third row of tents from the main venue"), **with as much detail as possible (you may attach additional pages if needed)**:  
\_\_\_\_\_  
\_\_\_\_\_

## Primary Owner/President/CEO Information

**Owner/President/CEO Demographic Information:**

**NOTE:** Information must be for the legal head of the company

Owner/President/CEO Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_ Suite/Unit #: \_\_\_\_\_  
(Must be a numeric address plus street name; CANNOT be a P.O. Box or location description)

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Driver's License/ID Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_ Alien Registration No.: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Percentage of Ownership in business: \_\_\_\_\_%

Have you ever pled guilty, plead no contest, or been convicted of a Felony?  YES  NO

**Secondary Owner/Partner/Member/Stockholder/Family Member Information**

*Use the following sections to (1) list any other person(s) considered owners (Example: Wife/Husband, Brother/Sister, Son/Daughter, etc.) OR (2) to list any other business partners, LLC members, company officers, stockholders, etc.*

**USE ADDITIONAL PAGES AS NECESSARY**

**Business Primary Contact Information**

*If different from owner/President/CEO*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Address: \_\_\_\_\_ Suite/Unit #: \_\_\_\_\_  
(Must be a numeric address plus street name; CANNOT be a P.O. Box or location description)

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Driver's License/ID Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_ Alien Registration No.: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Percentage of Ownership in business: \_\_\_\_\_%

Have you ever pled guilty, plead no contest, or been convicted of a Felony?  YES  NO

**Business Primary Contact Information**

*If different from owner/President/CEO*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Address: \_\_\_\_\_ Suite/Unit #: \_\_\_\_\_  
(Must be a numeric address plus street name; CANNOT be a P.O. Box or location description)

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Driver's License/ID Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_ Alien Registration No.: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Percentage of Ownership in business: \_\_\_\_\_%

Have you ever pled guilty, plead no contest, or been convicted of a Felony?  YES  NO

**Business Primary Contact Information**

*If different from owner/President/CEO*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Address: \_\_\_\_\_ Suite/Unit #: \_\_\_\_\_  
(Must be a numeric address plus street name; CANNOT be a P.O. Box or location description)

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Driver's License/ID Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_ Alien Registration No.: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Percentage of Ownership in business: \_\_\_\_\_%

Have you ever pled guilty, plead no contest, or been convicted of a Felony?  YES  NO

**Important Information**

Please note that this application **MUST** be completed in its entirety. Any application that is submitted that is incomplete will **not** be accepted and will be returned to the applicant. Please review the application and the accompanying checklist to ensure that you have provided all required information and documentation for application submission.

By accepting a permit from Arkansas Tobacco Control, the permit holder is agreeing that they, and their business, will follow all lawful requirements and furthermore acknowledging that they understand that Arkansas Tobacco Control Agents, Federal Tobacco Control Agents, or any other lawful Tobacco Control Entity will periodically conduct inspections and compliance checks to ensure compliance with the law.

**FREE Retail Training is available through our office. Please contact us if you wish to send your staff to a free training event or arrange a free training event for your location.**

**Legal Responsibility – Application Signature Page**

By dating and signing below, I certify and attest that I am an owner or duly authorized agent, partner, officer, or Applicant and hereby declare and sign under penalty of law that the information provided on this application (all pages 2 through 9, including the Application Checklist) is true and correct to the best of my knowledge and belief, and that the Applicant is a Wholesaler in fact. The undersigned applicant also agrees to faithfully comply with all local, state, and federal laws including, but not limited to, the “Unfair Cigarette Sales Act,” A.C.A. § 5-27-227 (controlling the provision of minors with tobacco products and cigarettes and the placement of tobacco vending machines), the “Arkansas Tobacco Products Tax Act of 1977,” 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/she is applying.

**Date:** \_\_\_\_\_  
Signature of Owner or Authorized Representative – (Please sign in notary’s presence)

\_\_\_\_\_  
Printed Name of Owner or Authorized Representative

\_\_\_\_\_  
Business Title of Owner or Authorized Representative

**Notary Information**

Subscribed and sworn to before me, a Notary Public, by \_\_\_\_\_, to me well known or identified to me by government issued photo identification, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

Please place Notary Stamp in box

## Special Event/Temporary Event Permit Application Checklist

(This document **MUST** be submitted with application)

- Completed Application.** The Applicant must complete and sign the Application for Retail Vapor Product and E-Liquid Product Only Permit for submission to Arkansas Tobacco Control.
- Payment.** A Check or Money Order must be sent with the Application. Please ensure both the Check or Money Order is completely and accurately filled out. **NO CASH PAYMENTS.**
- COLOR copies of DL or ID.** Attach to Application color copies of Drivers' License or ID for *all* listed owners, members and partners. Work Permit, Visas and Alien ID cards are also acceptable. If dropping off application in person, copies can be made in the Tobacco Control office.