



State of Arkansas
 Department of Finance
 And Administration

DFA - ARKANSAS TOBACCO CONTROL

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<https://www.atc.arkansas.gov>



MANUFACTURER VAPOR PRODUCT AND E-LIQUID PRODUCT ONLY APPLICATION

Instructions

- The Manufacturer Vapor Product and E-Liquid Only Permit allows businesses to manufacturer, fabricate, assemble, or process vapor products and e-liquid products only, including without limitation federally licensed importers and federally licensed distributors that deal in vapor products and/or e-liquid products.
- 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 and attached to the Application (refer to checklist; Page 7).
- Separate applications must be filed for each established place of business. Further, separate applications must be filed for retail permits and salesperson permits.

Definitions

E-Liquid and E-Liquid Product. “‘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).

E-Liquid Container. “‘E-liquid container’ means a bottle or other container of e-liquid that is sold or provided for mixing at retail and is marketed or intended for use in a vapor product, but does not include e-liquid contained in a cartridge that is sold, marketed, or intended for use in a vapor product if the cartridge is prefilled and sealed by the manufacturer and is not intended to be opened by the consumer.” See Ark. Code Ann. § 26-57-254(d).

Vapor Product. “‘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

<p>1. Do you, Applicant, understand and agree to complete and attach with the application the <i>Retail Permit (Tobacco Products, Vapor Products, Alternative Nicotine Products, or E-Liquid Products) Application Checklist</i> (provided on Page 7 of this Application), and to fully provide the requested documentation and/or information contained in that checklist?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<p>2. Does Applicant intend to manufacturer, fabricate, assemble, process, mix compound, repackage or resize any vapor products and/or e-liquids products?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>3. Does the Applicant attest the manufacturing of vapor products or e-liquid products complies with or will comply with the applicable ingredient listing required by 21 U.S.C. 387d(A)(1) of the Federal Food Drug, and Cosmetic Act?</p> <p>▪ If No, please submit an explanation as a separate written document.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>4. Is the Applicant a Federally licensed importer or federally licensed distributor that deals in vapor products and/or or e-liquid products?</p> <p>▪ If Yes, attach the applicable proof of documentation.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>5. 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>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>▪ If Yes, please attach to this application the details of each occurrence.</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>▪ If Yes, please attach to this application the details of each occurrence.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>8. Do Applicant's vapor products or e-liquid products contain any cannabidiol (CBD)?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>(a) If Yes to Question 8, does 100% of Applicant's vapor products and/or e-liquid products contain CBD in some amount?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>(b) If Yes to Question 8, does 0% of Applicant's vapor products and/or e-liquid products contain Nicotine in some amount?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>(c) If Yes to Question 8, does Applicant's vapor products and/or e-liquid products contain no more than 0.3% THC by weight?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

<p>9. 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>10. Does Applicant consent to allow Arkansas Tobacco Control or Arkansas State Police to conduct a state or national criminal background check on any person listed in this Application?</p> <ul style="list-style-type: none"> ▪ Arkansas Code Annotated § 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. 	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>11. Do you, Applicant, understand and agree to provide written notice to the Arkansas Tobacco Control Director when the business changes physical locations?</p> <ul style="list-style-type: none"> ▪ An ATC permit holder must receive ATC approval prior to making any sales at a new location. 	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>12. Do you, Applicant, understand and agree to provide written notice to the ATC Director within thirty (30) days of a change in (i) the managing partner, limited liability company managing member, or president or chief executive officer of a corporation, partnership, or limited liability company; or (ii) the stockholders effecting twenty-five percent (25%) or more of the total voting shares of a nonpublicly traded corporation?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>13. Does Applicant owe any taxes to the State of Arkansas?</p> <ul style="list-style-type: none"> ▪ If Yes to Question 13, 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. 	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>14. Do you, Applicant, understand and agree that each agent or employee of the company who sells or offers for sale to permitted wholesalers or permitted retailers or that solicits for sale, takes orders for, or in any manner promotes the sale or use of vapor products or e-liquid products will obtain a separate Manufacturer’s Salesperson’s Permit?</p> <ul style="list-style-type: none"> ▪ Salespersons must obtain and maintain a permit, available on the ATC website. 	<input type="checkbox"/> YES <input type="checkbox"/> NO

[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK – APPLICATION CONTINUES ON NEXT PAGE 4]

Business Information

Permit Fee type: **\$500.00** Manufacturer Vapor Product and E-Liquid Product Only 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: _____ Previous ATC Permit (if applicable): _____

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.

Are products from a previous business being transferred to you? Yes No If yes, **MUST** attach an Inventory.

Type of Business (Check all that apply): Convenience Store w/gas Convenience w/o gas Vapor Store
 Supermarket Gasoline Kiosk Wholesale Manufacturer Warehouse with retail front Other _____

Facility information: I own the property I rent this property other _____

If rent/lease, Landlord name: _____ Phone Number: _____

Contact Address: _____

Primary Owner/President/CEO Information

Owner/President/CEO Demographic Information:

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 these 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.

Please note it is also recommended that the person(s) are also listed on your sales and use tax permit.

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, pled no contest, or been convicted of a Felony? YES NO

Officer/Partner Information:

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, pled no contest, or been convicted of a Felony? YES NO

Officer/Partner Information:

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, pled 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



Manufacturer Vapor Product and E-liquid Product Permit Application Checklist

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

- Completed Application.** The Applicant must complete and sign the Application for Vapor Product and E-Liquid Product Exclusive Permit (Manufacturer, Wholesaler, and Retailer) 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.

- Secretary of State's Office filings.** Attach to Application copies of Secretary of State's Office filings: All proof of registration documents, fictitious/DBA name filings, and copies of Articles of Incorporation, Operating Agreements, or Partnership Agreements.

- Proof of Financial Responsibility.** Attach to Application a Dunn & Bradstreet Report reflecting the financial status of the Applicant, a Standard Compilation Report of financial statements prepared by an independent Certified Public Accountant or current copies of Federal tax returns for the business.

- Proof of ownership/right to occupy and Proof of Offices and/or Warehouses.** Attach to Application copies of any deed, lease, rental agreement, bill of sale, mortgage, purchasing agreement or other documentation (e.g., proof of right to occupy and use the permitted premises) of all offices, buildings and warehouses from where business will be conducted and/or where inventory and/or files will be stored.

- Photographs of Buildings/Structures.** Attach to Application photos of the outside front, sides and rear of all buildings or structures to be used for storage of vapor products and/or E-Liquid Products inventory or files.

**NOTICE: ALL ARKANSAS TOBACCO CONTROL
PERMITS EXPIRE JUNE 30TH AFTER DATE OF ISSUE
AND MUST BE RENEWED EACH YEAR**