



State of Arkansas  
Department of Finance  
And Administration

DFA - ARKANSAS TOBACCO CONTROL

101 E. Capitol Ave., Suite 401  
Little Rock, AR 72201  
Phone: (501) 682-9756  
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<https://www.atc.arkansas.gov>



## Retail Vapor Product and E-liquid Product Only Permit Application

### Instructions

- The Retail Vapor Product and E-Liquid Product Only Permit allows businesses to purchase vapor products and e-liquid products from permitted wholesalers to then sell in person and over-the-counter to consumers in the State of Arkansas.
- 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 10).
- If Applicant is purchasing an existing business with vapor products and/or e-liquid products that will be transferred to the new business, the new permit holder/store owner **MUST** take a written inventory of all products being transferred. Please use the Inventory Form provided by Arkansas Tobacco Control (“ATC”): <https://www.atc.arkansas.gov/forms>

### Definitions

- **Consumer.** “Consumer” means “a member of the public at large.” Ark. Code Ann. § 26-57-203(9).
- **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).

**NOTE:** To obtain a Retail Vapor Product and E-Liquid Product Only Permit, an Applicant must sell only vapor product and e-liquid product. To sell any amount of tobacco or alternative nicotine products, an Applicant must instead apply for the all-inclusive retail permit: Retail Permit (Tobacco Products, Vapor Products, Alternative Nicotine Products, or E-Liquid Products).

**General Information**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <p>1. Do you, Applicant, understand and agree to complete and attach with the application the <b><i>Retail Vapor Product and E-Liquid Product Only Permit Application Checklist</i></b> (provided on Page 10 of this Application), and to fully provide the requested documentation and/or information contained in that checklist?</p>                                                                                                                           | <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> |
| <p>2. 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>3. 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>4. 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>5. 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>6. Are you, Applicant, purchasing an existing ATC permitted retail location?</p>                                                                                                                                                                                                                                                                                                                                                                               | <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> |
| <p>7. If Yes to Question 6, has Applicant received approval of Arkansas Tobacco Control and the seller by completing the Replacement Notice (available under “Forms” on ATC website)?</p> <p><b>If Yes, please attach the approved Replacement Notice to this application.</b></p> <p><b>If No, please complete and separately submit to ATC the Replacement Notice for approval. The approved Replacement Notice must be included with this Application.</b></p> | <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> |

|                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <p>8. Does Applicant intend to sell <b>only</b> vapor products and/or e-liquid 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>9. Does Applicant intend to sell any percentage of tobacco products, including but not limited to cigars, cigarillos, chewing tobacco, hookah tobacco, snuff or cigarettes?</p> <p><b>If Yes, please instead complete an application for Retail Permit (Tobacco Products, Vapor Products, Alternative Nicotine Products, or E-Liquid Products).</b></p>                                                               | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <p>10. Does Applicant verify and agree that it will not operate out of a residential address and that it will be in compliance with all local ordinances, including zoning ordinances?</p>                                                                                                                                                                                                                               | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <p>11. Does Applicant intend to manufacture, fabricate, assemble, process, mix compound, repack or resize any vapor products and/or e-liquid products?</p> <p><b>If Yes to Question 11, you must also secure a Manufacturer Permit. Permits are not issued same day. Please allow four (4) to five (5) business days for your application to be processed.</b></p>                                                       | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <p>12. If Yes to Question 11, 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 |
| <p>13. 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>(a) If Yes to Question 13, does Applicant’s vapor products and/or e-liquid products (whether Applicant is selling, manufacturing or wholesaling) contain no more than 0.3% THC by weight?</p>                                                                                                                                                                                                                         | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <p>14. 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>15. 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>                                                                                                                                                                                                                                             | <input type="checkbox"/> YES <input type="checkbox"/> NO |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <ul style="list-style-type: none"> <li>▪ <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></li> </ul>                                                                                                                                                                                                                                                                 |                                                          |
| <p>16. 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"> <li>▪ <b>An ATC permit holder must receive ATC approval prior to making any sales at a new location.</b></li> </ul>                                                                                                                                                                                                           | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <p>17. 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>18. 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>                                                                                                                                                                                                                                                        | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <p>19. 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 products, alternative nicotine products, or e-liquid products to or purchase 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>20. Do you, Applicant, understand and agree to complete a transfer form (available on the ATC website) as soon as any transfer of vapor or e-liquid product from one location to another location within your business (if multiple locations or chain) occurs, and to provide said transfer form immediately by you upon demand by ATC and its authorized Agents?</p> <ul style="list-style-type: none"> <li>▪ A retailer permit holder cannot sell vapor or e-liquid products to another retailer without the proper</li> </ul> | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <p>21. Do you, Applicant, understand and agree to (i) maintain a copy of any complete transfer forms showing the vapor and/or e-liquid products that were transferred; (ii) the permitted location from which the vapor and/or e-liquid products were transferred; and (iii) when the transfer occurred?</p>                                                                                                                                                                                                                         | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> YES <input type="checkbox"/> NO |

|                                                                                                                                                                                                                                                                                                                                                |                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <p>22. Do you, Applicant, understand and agree to maintain copies of at least the last ninety (90) days of vapor products or e-liquid product, which you must provide immediately upon demand by ATC and its authorized Agents?</p>                                                                                                            |                                                          |
| <p>23. Do you, Applicant, understand and agree to retain and provide invoices for all vapor products and e-liquid products located inside the retail store location?</p>                                                                                                                                                                       | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <p>24. Do you, Applicant understand and agree to make any invoices that are older than ninety (90) days available upon demand by ATC and its authorized Agents at any time during normal business hours in the retail store location?</p>                                                                                                      | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <p>25. Does Applicant owe any sales taxes due to the State of Arkansas?</p> <ul style="list-style-type: none"> <li>▪ <b>If Yes to Question 25, 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 |

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APPLICATION CONTINUES ON NEXT PAGE 6]**

## Business Information

**Permit Fee type: \$50.00 Retail 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 review 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, plead 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, plead 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, plead no contest, or been convicted of a Felony?  YES  NO

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APPLICATION CONTINUES ON NEXT PAGE 8]**

**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

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**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

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**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

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**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

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### 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.**

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### 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



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**Retail Vapor Product and E-liquid Product  
Only 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.
- Copy of Sales and Use Tax Certificate.** Applicant must apply for and receive an Arkansas sales-and-use tax permit from the Arkansas Department of Finance and Administration (DFA): <https://www.dfa.arkansas.gov/excise-tax/> (Sales and Use Tax). Attach to Application a copy of sales and use tax certificate(s). Name, address, and business designation should match the accompanying paperwork.
- Secretary of State's Office filings.** Attach to Application copies of Secretary of State's Office filings: All proof of registration documents (if Corporation, LLC or Partnership), fictitious/DBA name filings, and copies of Articles of Incorporation, Operating Agreements, or Partnership Agreements.
- Proof of ownership/right to occupy permitted property.** Attach to Application copies of any deed, lease, rental agreement, bill of sale, mortgage, purchasing agreement or other documentation showing a right to occupy the permitted property.
- Itemized inventory** which lists brand, type, flavor, package type(s), and quantity of each product from the previous owner, if applicable.

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