



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  
 Fax: (501) 682-9760  
<https://www.atc.arkansas.gov>



## WHOLESALE (TOBACCO PRODUCTS, VAPOR PRODUCTS, ALTERNATIVE NICOTINE PRODUCTS, OR E-LIQUIDS) PERMIT APPLICATION

### Instructions

- **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 9).
- **Newspaper Publication.** The completed Application package (Application and required attachments) is to be sent to Arkansas Tobacco Control for review. Upon finalizing the review of the Application package for completeness, Arkansas Tobacco will notify Applicant. Applicant must then advertise its intentions to obtain permit in a newspaper of statewide circulation. The notice shall be placed on two (2) occasions, seven (7) days apart. The date of the first publication shall be at least thirty (30) days prior to the meeting at which the Board will consider the Application (and attached documents). Please refer to Rules 3.1 through 3.10 of the Arkansas Tobacco Control Board Rules, located on the Agency website.

### Definitions

#### General Information

1. Applicant intends to sell and distribute the following products (please select all applicable boxes below):

- Cigarettes     Vapor and/or E-Liquid Products     Roll-Your-Own Tobacco     Hookah Tobacco (e.g., Shisha)  
 Cigars     Alternative Nicotine Products     Chewing Tobacco     Moist Tobacco (e.g., Snuff)  
 Other: \_\_\_\_\_

2. Describe the primary business activity of your company:

\_\_\_\_\_

3. Do you, Applicant, understand and agree to complete and attach with the application the **Wholesale Permit Application Checklist** (provided on Page 9 of this Application), and to fully provide the requested documentation and/or information contained in that checklist?  YES  NO

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, *et al.*, Arkansas Code Annotated § 26-57-201, *et. al.*?  YES  NO

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?  YES  NO

<p>6. Do you, Applicant, understand and agree that it is your responsibility under Arkansas law to ensure every Arkansas customer has a correct and valid Arkansas Tobacco Control permit <i>prior to</i> you selling any tobacco products, vapor products, alternative nicotine products, or e-liquid products to those Arkansas customers?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>7. 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>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>8. 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>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>9. Does Applicant owe any sales taxes due to the State of Arkansas?</p> <p>▪ <b>If Yes to Question 9, 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></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>10. Do you, Applicant, consent to allow Arkansas Tobacco Control (“ATC”) or Arkansas State Police to conduct a state or national criminal background check on any person listed in this Application?</p> <p>▪ <b>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.</b></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>11. Do you, Applicant, understand and agree to submit the reports required by the Jenkins Act, 15 U.S.C. § 375, <i>et seq.</i>, as amended, to the Arkansas Department of Finance and Administration and Office of the Arkansas Attorney General?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>12. Do you, Applicant, understand and agree to submit monthly sales reporting requirements to Arkansas Tobacco Control as set out in A.C.A. § 26-57-265 by the tenth (10th) of each month for the previous month’s sales/deliveries, <i>even if no sales are made</i>?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

<p>13. Do you, Applicant, understand and agree that if the required monthly sales report to Arkansas Tobacco Control as set out in A.C.A. § 26-57-265 is not submitted, is submitted late, or is submitted incomplete or inaccurate, you may be assessed civil penalties and your license may also be suspended or revoked?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>14. 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>15. Do you, Applicant, understand and agree to provide written notice to the Arkansas Tobacco Control 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>16. Do you, Applicant, understand and agree to maintain three (3) years of tobacco product, vapor product, alternative nicotine product, and e-liquid product invoices, with the name or other identifying information of the Applicant and the retailer, that are available upon demand during normal business hours in the permitted location?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>17. 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 tobacco products, vapor products, alternative nicotine products or e-liquid products will obtain a separate Manufacturer’s Salesperson’s Permit?</p> <ul style="list-style-type: none"> <li>▪ <b>Salespersons must obtain and maintain a permit, available on the ATC website.</b></li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Vapor and E-Liquid Products**

<p>18. Does Applicant intend to distribute or sell vapor/e-liquid products in the State of Arkansas?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>19. Does Applicant sell or offer for sale any vapor products or e-liquid products that contain any hemp or cannabidiol (CBD)?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>(a) If Yes to Question 19, does 100% of Applicant’s vapor products and/or e-liquid products contain hemp or CBD in any amount?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

(b) If Yes to Question 19, does Applicant's vapor products and/or e-liquid products contain no more than 0.3% THC by weight?	<input type="checkbox"/> YES <input type="checkbox"/> NO
20. Does any of Applicant's vapor products and/or e-liquid products contain Nicotine in any amount?	<input type="checkbox"/> YES <input type="checkbox"/> NO
21. 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
22. Does Applicant intend to manufacture, fabricate, assemble, process, mix compound, repackage or resize any vapor products and/or e-liquid products?	<input type="checkbox"/> YES <input type="checkbox"/> NO
23. If Yes to Question 22, does applicant intend to mix any vapor products and/or e-liquid products?	<input type="checkbox"/> YES <input type="checkbox"/> NO
24. If Yes to Question 21, does Applicant attest that 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&C Act) and related rules (81 FR 28973-01)?  <b>If No, please submit an explanation as a separate written document.</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
25. Is Applicant a federally licensed importer or federally licensed distributor?  <b>If Yes, please attach the applicable proof of documentation.</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO

### Cigarettes and Roll-Your-Own Tobacco

26. Does Applicant intend to sell cigarettes or roll-your-own tobacco to persons in the State of Arkansas?	<input type="checkbox"/> YES <input type="checkbox"/> NO
27. Does Applicant verify and agree that it will properly affix or otherwise have placed the proper Arkansas tax stamps to any cigarettes, before selling, delivering, or otherwise disposing of cigarettes to other wholesalers, vendors or retailers in the State of Arkansas?	<input type="checkbox"/> YES <input type="checkbox"/> NO
28. Does Applicant verify and agree that, with each sale of cigarettes, it will supply the wholesaler, vendor or retailer with an invoice showing the quantity, kind, and price of cigarettes sold, and will supply the stamps required to show that the tax has been paid?	<input type="checkbox"/> YES <input type="checkbox"/> NO

29. 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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**Alternative Nicotine Products**

30. 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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**[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK –  
APPLICATION CONTINUES ON NEXT PAGE 6]**

## Business Information

Permit Fee type: **\$1,000.00** Wholesale Permit (Tobacco Products, Vapor Products, Alternative Nicotine Products, or E-Liquid Products); **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 (If Applicable): \_\_\_\_\_ 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: \_\_\_\_\_

**Facility information:**  I own the property  I rent this property  other \_\_\_\_\_

If rent/lease, Landlord name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Address: \_\_\_\_\_

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

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

Business 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.

**Warehouse Address (where product is stored):** \_\_\_\_\_ Suite/Unit #: \_\_\_\_\_

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

**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 or Shares Held of Total Shares Issued: \_\_\_\_\_ %

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 or Shares Held of Total Shares Issued: \_\_\_\_\_ %

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 or Shares Held of Total Shares Issued: \_\_\_\_\_ %

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 or Shares Held of Total Shares Issued: \_\_\_\_\_ %

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.

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**Legal Responsibility – Application Signature Page**

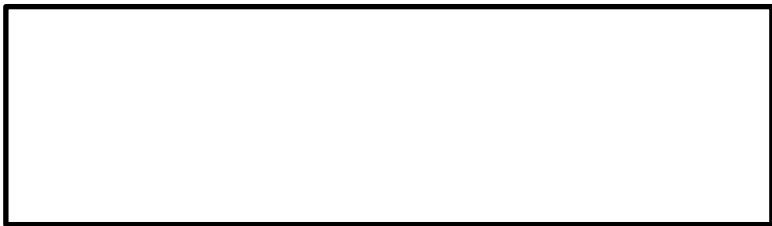
By dating and signing below, I certify and attest that I am an owner or duly authorized agent, partner, officer, or Applicant and hereby declare and sign under penalty of law that the information provided on this application (all pages 2 through 9, including the Application Checklist) is true and correct 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 Stamp in box





## Wholesale (Tobacco Products, Vapor Products, Alternative Nicotine Products, or E-Liquids) Permit Application Checklist

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

- Completed Application.** The Applicant must complete and sign the Application for Wholesale (Tobacco Products, Vapor Products, Alternative Nicotine Products, or E-Liquids) 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, officers and/or 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 (if Corporation, LLC or Partnership), 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 Tobacco Products, Alternative Nicotine Products, 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**