

RETAIL CIGARETTE AND TOBACCO PERMIT APPLICATION

INSTRUCTION SHEET

PLEASE READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM. ATTACH ADDITIONAL PAGES IF MORE SPACE IS NEEDED. Your permit cannot be processed until **ALL** of the information requested has been provided. For assistance, please call (501) 682-9756.

1. **Our office is open for applying for retail permits on Monday – Thursday from 8:00 am to 4:30 pm and on Friday from 8:00 am to 2:30 pm excluding holidays.**
2. Permits are non-transferable. If purchasing an existing business, you must have in your possession a new permit before purchasing or selling any cigarettes or tobacco products.
3. The permit fee is based upon the weekly gross sales of cigarettes and tobacco products. If you are purchasing an existing store, please permit based on the previous owner's sales volume.

The permit fee schedule is as follows:

For retailers whose WEEKLY gross sales are less than \$5,000	\$20.00
For retailers whose WEEKLY gross sales are between \$5,000 and \$15,000	\$30.00
For retailers whose WEEKLY gross sales are in excess of \$15,000	\$50.00

4. If you are purchasing an existing business, even if you are going to change the name, you must provide the store's existing name and permit number (7 digits in upper right hand corner of the previous owner's permit).
5. No cash is accepted. Please enclose a check or money order for the appropriate amount of your permit.
6. The application must be signed by the owner, corporate officer, managing partner or managing member. If the business is a partnership, then it must be signed by the managing partner. If the business is an LLC, then it must be signed by the managing member.
7. It is unlawful to purchase or sell cigarettes or any tobacco products until you have your permit **in your possession**. Selling tobacco products without a permit is a criminal offense.

Permit Application Checklist

- _____ Completed application
- _____ Check or money order
- _____ Copy of Sales and Use Tax Certificate
- _____ Copy of Articles of Incorporation, Partnership Agreement, or Operating Agreement (if applicable)
- _____ Copy of lease agreement, bill of sale, or purchasing agreement
- _____ Itemized cigarette and tobacco inventory purchased from previous owner (if applicable)

CLASS CODE: 5351

STATE OF ARKANSAS
**RETAIL CIGARETTE AND TOBACCO PERMIT
APPLICATION**

Mail with payment to: **Arkansas Tobacco Control**
101 East Capitol Avenue, Suite 401
Little Rock, AR 72201-3824

Phone #: (501) 682-9756

Amount of Permit: _____

Read instructions carefully before completing this form. For assistance, please call the above number.

SECTION I – OWNER INFORMATION

Name of Business _____

DBA: (Enter “Doing Business As” Name, if applicable) _____

Owner / Corporate Officer / Managing Partner / Managing Member (Enter full legal name as it appears on your birth certificate):

Name _____ Title _____

SSN _____ FEIN _____

Residential Address _____

City _____ State _____ Zip _____ Email address _____

Home Phone Number _____ Cell Phone Number _____

Driver’s License/ID Number _____ State of Issuance: _____ Alien Registration No. _____

Business organized as (check one): _____ Corporation _____ Partnership _____ LLC _____ Sole Proprietorship

Please provide copy of Articles of Incorporation, Partnership Agreement or Operating Agreement (if applicable)

Full Legal Name of Partners, LLC Members or Corporate Officers (if applicable) (attach extra pages as needed):

Name _____ Title _____

Residential Address _____

City _____ State _____ Zip _____ Email address _____

Home Phone Number _____ Cell Phone Number _____ SSN _____

Driver’s License/ID Number _____ State of Issuance: _____ Alien Registration No. _____

Name _____ Title _____

Residential Address _____

City _____ State _____ Zip _____ Email address _____

Home Phone Number _____ Cell Phone Number _____ SSN _____

Driver’s License/ID Number _____ State of Issuance: _____ Alien Registration No. _____

Name _____ Title _____

Residential Address _____

City _____ State _____ Zip _____ Email address _____

Home Phone Number _____ Cell Phone Number _____ SSN _____

Driver’s License/ID Number _____ State of Issuance: _____ Alien Registration No. _____

SECTION II – BUSINESS INFORMATION

Physical Address of Business _____

City _____ County _____ Zip Code _____

Sales Tax # _____ Type of business _____ w/Gas? _____

(Attach copy of certificate)**

Mailing Address _____

City _____ State _____ Zip Code _____

Business Telephone # _____ Business Fax Number _____

Date you will begin operating your business: _____

Is the business property leased, rented, or owned by you or your business? _____

(Attach copy of lease agreement, bill of sale or purchasing agreement)**

Did you purchase the inventory of an established business? _____

(If so, provide a copy of the itemized cigarette and tobacco inventory)**

If purchasing or leasing an existing business:

Name of Business Purchased: _____

Relationship to previous owner: _____

Tobacco Permit Number of Previous Owner _____ Date of Purchase _____

I declare under penalty of law that the information I have provided is complete, true and correct and that I will faithfully comply with Arkansas Tobacco Laws, A.C.A. § 4-75-701 through 4-75-713, 5-27-227, 26-57-201 through 26-57-262, 26-57-801 through 26-57-805, 26-57-1101 through 26-57-1108, 26-57-1301 through 26-57-1307, and 20-27-2101 through 20-27-2122 and the Rules of the Arkansas Tobacco Control Board.

Date: _____

Signature of Owner, Corporate Officer, Managing Partner/Member

Printed Name of Owner, Corporate Officer, Managing Partner/Member

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: _____

Notary Public

**** Required Items – Application will not be processed unless required items are attached.**