

**RETAIL CIGARETTE AND TOBACCO PERMIT APPLICATION  
INSTRUCTION SHEET**

1. **Our office is open for applying for retail permits on Monday through Thursday from 8:00 AM to 4:30 PM and on Friday from 8:00 AM to 2:30 PM excluding holidays.**
2. Please fill out the application below completely. Your permit cannot be processed until **ALL** of the information requested has been provided. **You must provide a copy of your sales tax certificate.**
3. The permit fee is based upon the weekly gross sales of cigarette 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. No cigarette or tobacco products may be purchased or sold until you have received your permit.
5. Permits are non-transferable. If purchasing an existing business, you must receive a new permit before purchasing or selling any cigarettes or tobacco products.
6. If you are purchasing an existing business or store location, even if you are going to change the name, you must provide the store's existing name and permit number (4 digits in upper right hand corner of the previous owner's permit).
7. No cash is accepted. Please enclose a check or money order for the appropriate amount of your permit.
8. The application must be signed by the owner or corporate officer. If the business is a partnership, then it must be signed by the primary owner or managing partner.

(Tear off bottom portion and return along with payment)

CLASS CODE: **5351**

STATE OF ARKANSAS  
Over the Counter Sales

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

Name of Business \_\_\_\_\_

FEIN \_\_\_\_\_ Sales Tax # (attach copy of certificate) \_\_\_\_\_

SSN \_\_\_\_\_ Type of Outlet \_\_\_\_\_ w/ Gas? \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

If purchasing or leasing an existing business:

Name of Business Purchased: \_\_\_\_\_

Permit Number of Previous Owner: \_\_\_\_\_ Date of Purchase \_\_\_\_\_

I declare under penalty of law 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 26-57-803 and 26-57-1102 as amended.

Date \_\_\_\_\_ Signature of Owner or Corporate Officer \_\_\_\_\_ Printed Name of Owner or Corporate Officer \_\_\_\_\_