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## ARKANSAS TOBACCO CONTROL

101 E. Capitol Ave., Suite 401 Little Rock, AR 72201 Phone: 501-682-9756 http://www.arkansas.gov/atcb



Mike Beebe Governor J.R. Thomas Director

## Tobacco Server Awareness Form

Each employee must initial each section and sign and date this document upon employment and <u>before</u> selling any tobacco products. This form is to be kept on file at the store, and available for inspection by any employee of the Arkansas Tobacco Control Board.

As an employee in a permitted outlet, I understand that there are certain things I cannot do, or certain actions that I cannot allow to occur in the outlet. In accordance with Arkansas law and the Rules and Regulations of the Arkansas Tobacco Control Board, I acknowledge the following: I will not sell cigarettes or other tobacco products to anyone under 18 years of age in accordance with A.C.A. § 5-27-227. I will not sell cigarettes or other tobacco products to anyone 18 years of age or older when I know the tobacco products will be given to a person(s) under the age of 18. I will not sell individual cigarettes or any amount less than a full pack (20 or 25 cigarettes per pack). I understand that cigarettes or other "tobacco products" includes any substance that contains tobacco and/or cigarette papers including but not limited to cigarettes, cigars, smokeless tobacco, loose tobacco, bidis, herbal cigarettes, and cigarette papers. I understand that sales to anyone under age 18 can result in criminal charges being filed against me. I understand that if I am found guilty of a violation of A.C.A. § 5-27-227, I shall be subject to a fine up to \$100 per violation plus local court costs. I understand that this store may undergo inspection at any time for compliance with the state law regarding the sale of tobacco products to a minor under the age of 18. By signing below, I hereby acknowledge that I have read and understand the above statements, and I agree to always follow state law and this store's policies, and not sell cigarettes or other tobacco products to minors and I further consent to having a current or potential employer contact the Arkansas Tobacco Control Board to determine if I have received any citations for violation of Title 5, Chapter 27 of the Arkansas Code. **Employee Signature** Date Signed Date Entered Employment

Date Signed

Owner, Manager, or Supervisor's Signature