

CLASS CODE: 5351

STATE OF ARKANSAS
SPECIAL EVENT PERMIT REQUEST FORM

Mail with \$5.00 payment to: Arkansas Tobacco Control
101 East Capitol Avenue, Suite 401
Little Rock, AR 72201-3824

Phone #: (501) 682-9756

Special Event Amount \$5.00

Name of Business _____

FEIN or SSN _____ Sales Tax # _____

Mailing Address _____ City _____ Zip _____

County _____ Event Location _____

Dates of Permit: From: _____ To: _____ #of Days (up to 10): _____

What kinds of tobacco products are being sold?: _____

Telephone # _____ Fax # _____

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, Manager, or Authorized Representative

Printed Name of Owner, Manager, or Authorized Representative