

FORWARD APPLICATION TO:

ARKANSAS TOBACCO CONTROL

CLASS CODE: 5351

Arkansas Tobacco Control
101 E. Capitol Ave., Suite 401
Little Rock, AR 72201-3826

Phone: (501) 682-9756

www.arkansas.gov/atcb

PERMIT NO. _____

Application for

WHOLESALE CIGARETTE PERMIT

Type or print legibly:

NAME OF BUSINESS _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

MAILING ADDRESS _____

FEIN NUMBER _____ SALES TAX NUMBER _____

Separate applications must be filed for a wholesale cigarette permit, wholesale tobacco permit, retail cigarette permit, retail tobacco permit and tobacco products vendor's permit. Separate applications must also be filed for each established place of business.

Type of business: Sole Proprietorship _____ Corporation _____
 Partnership _____ Other (specify) _____

NAMES OF OWNERS, PARTNERS, OFFICERS AND DIRECTORS:

_____ Name	_____ Title	_____ Name	_____ Title
_____ Residence Address		_____ Residence Address	
_____ City	_____ State	_____ City	_____ State
_____ Zip		_____ Zip	

LIST ADDITIONAL PERSONS ON REVERSE SIDE OF THIS FORM OR ATTACH LIST TO THIS FORM

The undersigned applicant hereby declares under penalty of law that the information provided above is true and correct to the best of his knowledge and belief, and that he will faithfully comply with all tobacco laws in the State of Arkansas including, but not limited to, the "Unfair Cigarette Sales Act," A.C.A. §4-75-701 et seq., the "Arkansas Tobacco Products Tax Act," A.C.A. §26-57-201 et seq., and A.C.A. §5-27-227, controlling the provision of minors with tobacco products and cigarettes and the placement of tobacco vending machines, all rules and regulations promulgated pursuant thereto, and all lawful orders of the Board.

Name _____ Title _____

Signature _____ Date _____

PERMIT FEE TO ACCOMPANY APPLICATION \$500.00