

CLASS CODE: 5351

**STATE OF ARKANSAS
APPLICATION FOR WHOLESALERS, MANUFACTURERS, AND TOBACCO PRODUCTS
VENDOR REPRESENTATIVES' LICENSE**

Arkansas Tobacco Control
101 East Capitol, Suite 401
Little Rock, AR 72201-3826
Phone: (501) 682-9756

EXPIRES JUNE 30th
AFTER DATE OF ISSUE

**A FEE OF \$25.00 MUST
ACCOMPANY THIS
APPLICATION**

FOR FISCAL YEAR _____

Social Security Number _____ - _____ - _____

Current Permit Number _____

Date _____

We hereby make application to the State of Arkansas for Representative's License to sell cigarettes and/or tobacco products, and submit answers to the following questions for your approval.

Name _____ Home Address _____

Street and/or Post Office Box

_____, _____, (_____) _____
Town/City State & Zip Home Phone

Age: _____, Height: _____, Weight: _____, Eye Color: _____, Hair Color: _____

Employed by _____ Mailing Address _____

_____, _____, (_____) _____
Town/City State & Zip Business Phone

In what part of the State do you expect to represent your employer? _____

The undersigned hereby declares under penalty of law that the information provided above is true and correct to the best of their knowledge and belief and that they will faithfully comply with the provisions of 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. We further declare that sales will not be made to unlicensed retailers and/or vendors of tobacco products.

DATE STAMP

Representative's Signature

Wholesaler, Manufacturer or Vendor's Signature

**THIS FORM MUST BE FILLED OUT IN DETAIL, ALL QUESTIONS ANSWERED, SIGNATURES IN PLACE
AND ACCOMPANIED WITH A \$25.00 FEE, BEFORE THE APPLICATION WILL BE PROCESSED.**