FORWARD APPLICATION TO:
Arkansas Tobacco Control
101 E. Capitol Ave., Suite 401
Little Rock, AR 72201-3826
Phone: (501) 682-9756
www.arkansas.gov/atcb

ARKANSAS TOBACCO CONTROL

CLASS CODE: 5351

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 Zip	City State Zip

LIST ADDITIONAL PERSONS ON REVERSE SIDE OF THIS FORM

New applications must be accompanied by three letters of character recommendation and three letters of credit recommendation from local businessmen or public officials.

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