FORWARD APPLICATION TO:
Arkansas Tobacco Control
101 E. Capitol Ave., Suite 401
Little Rock, AR 72201-3824
Phone: (501) 682-9756
www.arkansas.gov/atcb

CLASS CODE: 5351

ARKANSAS TOBACCO CONTROL

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

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

Rev. 3/98