STATE OF ARKANSAS

DEPARTMENT OF FINANCE AND ADMINISTRATION

REVENUE DIVISION-MISCELLANEOUS TAX SECTION

Application for

CIGARETTE STAMP DEPUTYSHIP

Type or print legibly:

Name of Wholesale Business: _____

Mailing Address: _____

_____
(ZIP)

Name of Deputy: _____

Deputy's Position In Business (Title): _____

Residence Address: _____

_____
(City) (County) (State) (Zip)

Estimated highest monthly stamp purchases $_____.

Application must be accompanied by a bond executed by deputy and solvent surety in an amount in excess of one-third over the highest anticipated monthly stamp purchases.

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 the provisions of the Arkansas Tobacco Products Tax Act (Ark. Code Ann. 26-57-201 et.seq.), the Unfair cigarette Sales Act (Ark. Code Ann. 4-75-701 et. seq.), all regulations promulgated pursuant thereto, and all lawful orders of the Commissioner of Revenues.

Name: _____ Title: _____

Signature: _____ Date: _____

Approved____ Denied____

Date: _____
By: _____

FORWARD APPLICATION TO:
MISCELLANEOUS TAX SECTION
7TH AND WOLFE STREETS
P.O. BOX 896-ROOM 230
LITTLE ROCK, AR 72203
Phone: (501) 682-7187