



**State of Arkansas
Department of Finance
And Administration**

DFA - ARKANSAS TOBACCO CONTROL

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<https://www.atc.arkansas.gov>



Special Event/Temporary Event Permit Application

Instructions

- The Special Event/Temporary Event Permit allows a **current** Arkansas Tobacco Control (“ATC”) permit holder to sell tobacco products, vapor products or e-liquid products to consumers at picnics, fairs, carnivals, circuses, or any other temporary public gathering for periods not to exceed ten (10) days for a fee of five dollars (\$5.00). Ark Code Ann. § 26-57-215(b)(5).
- Fully complete this Application. Incomplete Applications will not be processed. The Application **must** be notarized by a notary public and all required documentation **must** be complete. Please submit this application a minimum of 3 business days prior to the start of the event.

Checklist

All Items on the checklist must be completed for Temp Application to be submitted.

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Completed Application. The Special Event / Temporary Event Application must complete (all items from pages 1 to 4) and signed and dated.

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Payment. A Check or Money Order must be submitted with the Application. Please ensure both the Check or Money Order is completely and accurately filled out. **NO CASH PAYMENTS.**

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COLOR copies of DL or ID. Attach to Application color copies of Drivers’ License or ID for the Primary Contact for the event. Work Permit, Visas and Alien ID cards are also acceptable. If dropping off application in person, copies can be made in the Tobacco Control office.

General Information

1. Do you, Applicant, verify and agree that you hold an active and valid ATC permit?

- **If Yes, please provide you current permit number for each ATC permit you hold:**

- **If No, you do not qualify for this type of permit and cannot proceed.**

☐ YES ☐ NO

<p>2. Applicant intends to sell the following products (please select all applicable boxes below):</p> <p> <input type="checkbox"/> Cigarettes <input type="checkbox"/> Vapor and/or E-Liquid Products <input type="checkbox"/> Roll-Your-Own Tobacco <input type="checkbox"/> Hookah Tobacco (e.g., Shisha) <input type="checkbox"/> Cigars <input type="checkbox"/> Alternative Nicotine Products <input type="checkbox"/> Chewing Tobacco <input type="checkbox"/> Moist Tobacco (e.g., Snuff) <input type="checkbox"/> Other: _____ </p>	
<p>3. Do you, Applicant, verify and agree that the event you are seeking to secure a permit for is truly temporary in nature and no more than ten (10) days in duration?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>4. Do you, Applicant, understand and agree to follow, stay current on, and comply with all local, federal and state laws, including, but not limited to Arkansas Code Annotated § 4-75-701, <i>et al.</i>, Arkansas Code Annotated § 26-57-201, <i>et. al.</i>?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>5. Do you, Applicant, understand that it is illegal in the State of Arkansas to give, barter or sell to anyone under the age of twenty-one (21) tobacco in any form, cigarette paper, vapor product, alternative nicotine product, e-liquid product, or any component of a vapor product, alternative nicotine product, or e-liquid product?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>6. Do you, Applicant, understand and agree to maintain a copy of the signed server awareness forms for each employee who engages in the sale of vapor products or e-liquid products at the event, which you must provide immediately upon demand by ATC and its authorized Agents?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>7. Do you, Applicant, understand and agree to display, at the event, in a conspicuous place a sign indicating that the sale of tobacco products, vapor products, alternative nicotine products, e-liquid products, or any component of a vapor product, alternative nicotine product, or e-liquid product to or purchase or possession of tobacco products by a minor is prohibited by law?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>8. Do you, Applicant, understand and agree to maintain copies of invoices for at least the last ninety (90) days of vapor products or e-liquid product sold at the temporary event, which you must provide immediately upon demand by ATC and its authorized Agents?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>9. Do you, Applicant understand that if any pending ATC violations, unpaid ATC fines or outstanding ATC permit suspensions exist the temporary event permit will be denied?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

Business Information

Permit Fee type: \$5.00 Special Event/Temporary Event Permit; **NO CASH PAYMENTS**

Legal Business/Company Name: _____

Name of Business if different from Legal Name (DBA): _____

Sales Tax Number: _____ FEIN: (if applicable) _____

Business Mailing Address: _____ Suite/Unit #: _____
(This is the address where you want to receive all mail from ATC; CAN include P.O. Box)

City: _____ County: _____ Zip Code: _____

Store Phone Number: (____) _____ - _____ Store Fax Number: (____) _____ - _____

Store Email: _____

- **Note:** Arkansas Tobacco Control primarily uses e-mail to communicate with permit holders. Please provide the most up-to-date email for your business that is reviewed frequently.

Special Event/Temporary Event Information

Name of the event: _____

Dates and times of the event: _____

Physical Address of the event: _____

City of Event: _____ County of Event: _____ Zip Code of Event: _____

Physical Description of where you will be physically located and actually selling to consumers at the event (e.g., "at a booth near the large windmill" or "in a red tent located at the third row of tents from the main venue"), **with as much detail as possible (you may attach additional pages if needed)**:

Primary Contact Information

Please provide the information of the person who will be the Primary Contact for this event and will be responsible for ensuring that all applicable rules and regulations are followed.

Primary Contact Name: _____ Date of Birth: ____/____/____

Home Address: _____ Suite/Unit #: _____
(Must be a numeric address plus street name; CANNOT be a P.O. Box or location description)

City: _____ County: _____ Zip Code: _____

E-mail Address: _____ SSN: _____ - _____ - _____

Cell Phone Number: (____) _____ - _____ Alternate Phone Number: (____) _____ - _____

Driver's License/ID Number: _____ State of Issuance: _____ Alien Registration No.: _____

Have you ever pled guilty, plead no contest, or been convicted of a Felony? ☐ YES ☐ NO

Important Information

Please note that this application **MUST** be completed in its entirety. Any application that is submitted that is incomplete will **not** be accepted and will be returned to the applicant. Please review the application and the accompanying checklist to ensure that you have provided all required information and documentation for application submission.

By accepting a temporary event permit from Arkansas Tobacco Control, the permit holder is agreeing that they, and their business, the primary contact, and all employees/staff will follow all lawful requirements and furthermore acknowledging that they understand that Arkansas Tobacco Control Agents, Federal Tobacco Control Agents, or any other lawful Tobacco Control Entity will periodically conduct inspections or compliance checks during the temporary event to ensure compliance with the law.

Legal Responsibility – Application Signature Page

By dating and signing below, I certify and attest that I am an owner or duly authorized agent, partner, officer, or Applicant and hereby declare and sign under penalty of law that the information provided on this application (including the Application Checklist) is true and correct to the best of my knowledge and belief. The undersigned applicant also agrees to faithfully comply with all local, state, and federal laws including, but not limited to, the “Unfair Cigarette Sales Act,” A.C.A. § 5-27-227 (controlling the provision of minors with tobacco products and cigarettes and the placement of tobacco vending machines), the “Arkansas Tobacco Products Tax Act of 1977,” all rules promulgated pursuant thereto, and all lawful orders of the Arkansas Tobacco Control Board. Applicant understands and agrees that any intentional false or misleading information, of any nature or relative to any item, will be sufficient grounds for denial or subsequent revocation of the permit for which he/she is applying.

Date: _____
Signature of Owner or Authorized Representative – (Please sign in notary’s presence)

Printed Name of Owner or Authorized Representative

Business Title of Owner or Authorized Representative

Notary Information

Subscribed and sworn to before me, a Notary Public, by _____, to me well known or identified to me by government issued photo identification, on this _____ day of _____, 20_____.

My Commission Expires: _____ Name: _____

Please place Notary
Stamp in box