



State of Arkansas
 Department of Finance
 And Administration

DFA - ARKANSAS TOBACCO CONTROL

101 E. Capitol Ave., Suite 401
 Little Rock, AR 72201
 Phone: (501) 682-9756
 Fax: (501) 682-9760
<https://www.atc.arkansas.gov>



Retail Permit Application (\$100.00)

(All Inclusive - Tobacco Products, Vapor Products, Alternative Nicotine Products, or E-Liquid Products)

Instructions

- The Retail Permit (Tobacco Products, Vapor Products, Alternative Nicotine Products, or E-Liquid Products) allows business to purchase tobacco products, vapor products, alternative nicotine products, and e-liquid products from **permitted** wholesalers to then sell in person and over-the-counter to consumers in the State of Arkansas.
- 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 and attached to the Application (refer to checklist; Page 11).
- If Applicant is purchasing an existing business with tobacco products, vapor products, alternative nicotine products, or e-liquid products that will be transferred to the new business, the new permit holder/store owner **MUST** take a written inventory of all products being transferred. Please use the Inventory Form provided by Arkansas Tobacco Control (“ATC”) on our website: <https://www.atc.arkansas.gov/forms>

Definitions

- **Alternative Nicotine Products.** “Alternative nicotine product” means a “product that consists of or contains nicotine that can be ingested into the body by chewing, smoking, absorbing, dissolving, inhaling snorting, sniffing, or by any other means” and does not include a tobacco product or a vapor product. Ark. Code Ann. § 26-57-203(1)(A)–(B).
- **Cigars.** “‘Cigar’ means any roll of tobacco wrapped in leaf tobacco or in any substance containing tobacco, other than any roll of tobacco that is a cigarette.” Ark. Code Ann. § 26-57-203(5).
- **E-Liquid and E-Liquid Products.** “‘E-liquid’ and ‘e-liquid product’ means a liquid product, which may or may not contain nicotine, that is inhaled when using a vapor product, and that may or may not include without limitation propylene glycol, vegetable glycerin, nicotine from any source, and flavorings.” Ark. Code Ann. § 26-57-203(12).
- **Tobacco Products.** “‘Tobacco products’ means all products containing tobacco for consumption, including without limitation cigarettes, cigars, little cigars, cigarillos, chewing tobacco, smokeless tobacco, snuff, smoking tobacco, including pipe tobacco, and smoking tobacco substitutes[.]” Ark. Code Ann. § 26-57-203(32).
- **Vapor Products.** “‘Vapor product’ means an electronic oral device of any size or shape that contains a vapor of nicotine, e-liquid, or any other substance that when used or inhaled simulates smoking, regardless of whether a visible vapor is produced, including without limitation a device that:
 - (A) Is composed of a heating element, battery, electronic circuit, chemical process, mechanical device, or a combination of heating element, battery, electronic circuit, chemical process, or mechanical device;
 - (B) Works in combination with a cartridge, other container, or liquid delivery device containing nicotine, e-liquid, or any other substance and manufactured for use with vapor products;
 - (C) Is manufactured, distributed, marketed, or sold as any type or derivation of a vapor product, e-cigarette, e-cigar, e-pipe, or any other product name or descriptor; and
 - (D) Does not include a product regulated as a drug or device by the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. § 301 et seq., as it existed on January 1, 2015.” Ark. Code Ann. § 26-57-203(34).

NOTE: To the extent an applicant wants to **only** sell vapor products and/or e-liquid products, please apply for the Vapor Product and E-Liquid Product Only Permit, also available on the ATC website. (<https://www.atc.arkansas.gov/forms>)

General Information – Applicant MUST answer each question

<p>1. Do you, Applicant, understand and agree to complete and attach with the Application the <i>Retail Permit (Tobacco Products, Vapor Products, Alternative Nicotine Products, or E-Liquid Products) Application Checklist</i> (provided on Page 11 of this Application), and to fully provide the requested documentation and/or information contained in that checklist?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>2. 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>3. 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>4. Has Applicant or any person who owns or operates the business been denied a permit, license, or other authorization to engage in any business by any government agency (Federal, State, local or foreign) or had such permit, license or other authorization revoked, suspended or otherwise terminated?</p> <p>If Yes, please attach to this application the details of each occurrence.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>5. Has Applicant or any person who owns or operates the business ever been convicted of or found in violation of any cigarette, tobacco, alternative nicotine, vapor or e-liquid, or other tobacco product statute, rule, or regulation?</p> <p>If Yes, please attach to this application the details of each occurrence.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>6. Are you, Applicant, purchasing an existing ATC permitted retail location?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>7. If Yes to Question 6, has Applicant received approval of Arkansas Tobacco Control and the seller by completing the Replacement Notice (available under “Forms” on ATC website)?</p> <p>If Yes, please attach the approved Replacement Notice to this application. If No, please complete and separately submit to ATC the Replacement Notice for approval. The approved Replacement Notice must be included with this Application.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

<p>8. Does Applicant verify and agree that it will not operate out of a residential address and that it will be in compliance with all local ordinances, including zoning ordinances?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>9. Do you, the Applicant, consent to ATC or Arkansas State Police to conduct a state or national criminal background check on any person listed in this Application?</p> <ul style="list-style-type: none"> ▪ Ark. Code Ann. § 26-57-216(3) prohibits a permit from being issued to any person or business owned or operated by a person who has pleaded guilty or nolo contendere to or been found guilty of a felony. 	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>10. Do you, Applicant, understand and agree to provide written notice to the Arkansas Tobacco Control Director when the business changes physical locations?</p> <ul style="list-style-type: none"> ▪ An ATC permit holder must receive ATC approval prior to making any sales at a new location. (ATC Permits are NON-TRANSFERABLE) 	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>11. Do you, Applicant, understand and agree to provide written notice to the ATC Director within thirty (30) days of a change in (i) the managing partner, limited liability company managing member, or president or chief executive officer of a corporation, partnership, or limited liability company; or (ii) the stockholders effecting twenty-five percent (25%) or more of the total voting shares of a non-publicly traded corporation?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>12. 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 any tobacco products, vapor products or e-liquid products, which you must provide immediately upon demand by ATC and its authorized Agents?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>13. Do you, Applicant, understand and agree to display 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>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>14. Do you, Applicant, understand and agree that transfers of tobacco, vapor and alternative nicotine, or e-liquid products can only be done within your business, (multi locations) from one store to another. The business must complete a transfer form (available on the ATC website) as soon as any transfer of products occur. Business must also provide said transfer form immediately upon demand by ATC and its authorized Agents.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>15. Do you, Applicant, understand and agree to (i) maintain a copy of any complete transfer forms showing the tobacco, vapor and alternative nicotine, or e-liquid products that were</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

transferred; (ii) the permitted location from which the vapor and/or e-liquid products were transferred; and (iii) when the transfer occurred?	
16. 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, which you must provide immediately upon demand by ATC and its authorized Agents?	<input type="checkbox"/> YES <input type="checkbox"/> NO
17. Do you, Applicant, understand and agree that all invoices for no less than a three (3) year period must be maintained by the business either at the retail location or another business office location in such a way that if asked by ATC and its authorized Agents you can produce those invoices for review with seventy-two (72) hours.	<input type="checkbox"/> YES <input type="checkbox"/> NO
18. Does Applicant owe any sales taxes to the State of Arkansas? <ul style="list-style-type: none"> ▪ If Yes to Question 18, Applicant must satisfy the debt with the appropriate state agency before ATC can approve your permit. Please attach a copy of sales and use tax certificate to this application. 	<input type="checkbox"/> YES <input type="checkbox"/> NO
Vapor Products and E-Liquid Products	
19. Does Applicant intend to sell any vapor products and/or e-liquid products in person and over the counter at retail to consumers in the State of Arkansas?	<input type="checkbox"/> YES <input type="checkbox"/> NO
(a) If Yes to Question 19, does Applicant intend to sell any vapor products or e-liquid products that contain any cannabidiol (CBD) or hemp?	<input type="checkbox"/> YES <input type="checkbox"/> NO
(b) If Yes to Question 19, does Applicant's vapor products and/or e-liquid products contain no more than 0.3% THC by weight?	<input type="checkbox"/> YES <input type="checkbox"/> NO
20. Does Applicant verify and agree that all E-Liquid Containers containing nicotine sold in the State of Arkansas will satisfy the child-resistant packaging effectiveness standards described in Arkansas Code Annotated § 26-57-203(4)(A)–(B) when tested in accordance with the methods described by 16. C.F.R. § 1700.20, as it existed on January 1, 2015?	<input type="checkbox"/> YES <input type="checkbox"/> NO
21. Does Applicant intend to manufacture, fabricate, assemble, process, mix compound, repackage or resize any vapor products and/or e-liquid products? <ul style="list-style-type: none"> ▪ If Yes to Question 21, you must also secure a Manufacturer Permit. Permits are not issued same day. Please allow at least four (4) to five (5) days business days for your application to be processed. 	<input type="checkbox"/> YES <input type="checkbox"/> NO

<p>22. If Yes to Question 21, does Applicant attest the manufacturing of vapor products or e-liquid products complies with or will comply with the applicable ingredient listing and submission required by 21 U.S.C. 387d(a)(1) of the Federal Food Drug, and Cosmetic Act (FD&C Act) and related rules (81 FR 28973-01)?</p> <p>▪ If No, please submit an explanation as a separate written document.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Cigarettes and Roll-Your-Own Tobacco	
<p>23. Does Applicant intend to sell cigarettes or roll-your-own tobacco in person and over the counter at retail to consumers in the State of Arkansas?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>24. Does Applicant verify and agree that it will ensure the proper Arkansas tax stamps are properly affixed or otherwise placed on any cigarettes, before selling or displaying for sale?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>25. Do you, Applicant, understand and agree to sell cigarettes at no less than the state-minimum-price?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>26. Do you, Applicant, verify and agree that you will only sell cigarettes and roll-your-own tobacco brands listed on the Arkansas Approved-for-Sale Tobacco Products Directory maintained by the Arkansas Attorney General, and it is your responsibility to know what brands are legal to sell at all times?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>27. Do you, Applicant understand and agree that it is illegal in the State of Arkansas to sell individual cigarettes, and that any cigarettes sold in the State of Arkansas must be in packages of twenty (20) or twenty-five (25) cigarettes, under A.C.A. § 26-57-235 (d)(1)?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Alternative Nicotine Products	
<p>28. Does Applicant intend to sell any alternative nicotine products in person and over the counter at retail to consumers in the State of Arkansas?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>29. Does Applicant verify and agree that all Alternative Nicotine Products containing nicotine sold in the State of Arkansas will satisfy the child-resistant packaging effectiveness standards described in Arkansas Code Annotated § 26-57-203(4)(A)–(B) when tested in accordance with the methods described by 16. C.F.R. § 1700.20, as it existed on January 1, 2015?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

Online Cigar Sales

30. Does Applicant intend to sell cigars online pursuant to A.C.A. § 26-57-203(27)(B) to buyers who are twenty-one (21) years of age or older, whether that buyer is inside or outside the State of Arkansas?	<input type="checkbox"/> YES <input type="checkbox"/> NO
31. If Yes to Question 30, does Applicant agree and understand that all cigars intended to be sold online must be purchased from a permitted wholesaler?	<input type="checkbox"/> YES <input type="checkbox"/> NO
32. If Yes to Question 30, does Applicant agree and understand that it is Applicant's responsibility to ensure it and/or its employees do not sell any cigars online to anyone under the age of twenty-one (21) years of age, even if the sales take place solely online?	<input type="checkbox"/> YES <input type="checkbox"/> NO
33. Does Applicant understand and agree that Arkansas law prohibits the online sale of any other tobacco products, vapor and e-liquid products, and alternative nicotine products?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK –
APPLICATION CONTINUES ON NEXT PAGE 7]**

Business Information

Permit Fee type: \$100.00 Retail Permit (Tobacco Products, Vapor Products, Alternative Nicotine Products, or E-Liquid Products); NO CASH

Legal Business/Company Name: _____

Business Designation: Sole Proprietorship (Single Owner) LLC INC Partnership Corporation Other _____

If Corporation: *Publicly traded?* Yes No C Corp. S Corp. Other Type _____

Name of Business if different from Legal Name: _____
(Any fictitious name or 'Doing Business As' (DBA) name must be filed with the Secretary of State's Office)

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

Physical Business/911 Address: _____ Suite/Unit #: _____
(Must be numeric address plus street name (example: 152 Smith St); CANNOT be a P.O. Box or location description)

City: _____ County: _____ Zip Code: _____

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

City: _____ County: _____ Zip Code: _____

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

Business Email: _____ Previous ATC Permit (if applicable): _____

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. If your email address changes for any reason, please notify us immediately.

Are products from a previous business being transferred to you? Yes No If yes, **MUST** attach an Inventory.

Type of Business (Check all that apply): Convenience Store w/gas Convenience w/o gas Vapor Store Supermarket
 Gasoline Kiosk Wholesale Manufacturer Warehouse with retail front Other _____

Facility information: I own the property I rent this property other _____

If rent/lease, Landlord name: _____ Phone Number: _____

Contact Address: _____

Primary Owner/President/CEO Information

Owner/President/CEO Demographic Information:

NOTE: Information must be for the legal head of the company.

Owner/President/CEO 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: _____ Phone Number: (____) _____ - _____

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

SSN: _____ - _____ - _____ Percentage of Ownership in business: _____%

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

Secondary Owner/Partner/Member/Stockholder/Family Member Information

Use the following sections to

(1) list any other person(s) considered owners (Example: Wife/Husband, Brother/Sister, Son/Daughter, etc.)

OR

(2) to list any other business partners, LLC members, company officers, stockholders, etc.

Please note it is also recommended that the person(s) are also listed on your sales and use tax permit.

USE ADDITIONAL PAGES AS NECESSARY

Business Primary Contact Information

If different from owner/President/CEO

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: _____ Phone Number: (____) _____ - _____

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

SSN: _____ - _____ - _____ Percentage of Ownership in business: _____ %

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

Officer/Partner Information:

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: _____ Phone Number: (____) _____ - _____

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

SSN: _____ - _____ - _____ Percentage of Ownership in business: _____ %

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

Officer/Partner Information:

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: _____ Phone Number: (____) _____ - _____

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

SSN: _____ - _____ - _____ Percentage of Ownership in business: _____ %

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

Officer/Partner Information:

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: _____ Phone Number: (____) _____ - _____

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

SSN: _____ - _____ - _____ Percentage of Ownership in business: _____ %

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

Officer/Partner Information:

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: _____ Phone Number: (____) _____ - _____

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

SSN: _____ - _____ - _____ Percentage of Ownership in business: _____ %

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

Officer/Partner Information:

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: _____ Phone Number: (____) _____ - _____

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

SSN: _____ - _____ - _____ Percentage of Ownership in business: _____ %

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

Officer/Partner Information:

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: _____ Phone Number: (____) _____ - _____

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

SSN: _____ - _____ - _____ Percentage of Ownership in business: _____ %

Have you ever pled guilty, pled 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 permit from Arkansas Tobacco Control, the permit holder is agreeing that they, and their business, 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 and compliance checks to ensure compliance with the law.

FREE Retail Training is available through our office. Please contact us if you wish to send your staff to a free training event or arrange a free training event for your location.

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 (all pages 2 through 11, 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*



Retail Permit Application Checklist

(All Inclusive - Tobacco Products, Vapor Products, Alternative Nicotine Products, or E-Liquid Products)

This document **MUST** be submitted with application. Please place your Initials in each box verifying that all required documents/items are accurate and attached for submission to ATC.

Completed Application. The Applicant must complete and sign the Application for Retail Vapor Product and E-Liquid Product Only Permit for submission to Arkansas Tobacco Control.

Notary. The applicant must sign and date the application in the presence of a Notary to swear that all information contained within is true and accurate. The Notary must sign, date and **SEAL** the application.

Payment. A Check or Money Order for **\$100.00** (All Inclusive Retail Permit) must be sent with the Application. Please ensure both the Check or Money Order is completely and accurately filled out. **NO CASH PAYMENTS.**

COLOR copies of DL or ID. Attach to Application color copies of Drivers' License or ID for *all* listed owners, members, and partners. 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.

Copy of Sales and Use Tax Certificate. Applicant must apply for and receive an Arkansas sales-and-use tax permit from the Arkansas Department of Finance and Administration (DFA): <https://www.dfa.arkansas.gov/excise-tax/> (Sales and Use Tax). Attach to Application a copy of sales and use tax certificate(s). Name, address, and business designation should match the accompanying paperwork.

Secretary of State's Office filings. Attach to Application copies of Secretary of State's Office filings: All proof of registration documents (if Corporation, LLC, or Partnership), fictitious/DBA name filings, and copies of Articles of Incorporation, Operating Agreements, or Partnership Agreements.

Proof of ownership/right to occupy permitted property. Attach to Application copies of any deed, lease, rental agreement, bill of sale, mortgage, purchasing agreement or other documentation showing a right to occupy the permitted property.

Itemized inventory which lists brand, type, flavor, package type(s), and quantity of each product from the previous owner, **if applicable.** Please use the Inventory Form from the ATC website or create your own document using the same format and required information as the sample Inventory Form.

**NOTICE: ALL ARKANSAS TOBACCO CONTROL
PERMITS EXPIRE JUNE 30TH AFTER DATE OF ISSUE
AND MUST BE RENEWED EACH YEAR**