



State of Arkansas
 Department of Finance
 And Administration

DFA - ARKANSAS TOBACCO CONTROL

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



Vendor Permit (Tobacco Products, Vapor Products, Alternative Nicotine Products, or E-Liquid Products) Application

Instructions

- The Vendor Permit (Tobacco Products, Vapor Products, Alternative Nicotine Products, or E-Liquid Products) allows business to sell tobacco products, vapor products, alternative nicotine products, and e-liquid products from stamped and permitted vending machines 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.
- If Applicant is purchasing an existing business with previously permitted vending machines and those machines or a back stock of tobacco products, vapor products, alternative nicotine products, or e-liquid products will be transferred to the new business, the new permit holder/business owner **MUST** take a written inventory of all products being transferred. Please use the Inventory Form provided by Arkansas Tobacco Control (“ATC”): <https://www.atc.arkansas.gov/forms>.
- Surety bonds and insurance can be purchased from any company the business feels appropriate, as long as the bond amounts fully cover the number of vending stamps/machines requested (outlined below). Please submit a Bond Form found 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).
- **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).

General Information

1. **Our office is open for applying for vendor permits on Monday – Friday from 8:00 a.m. to 4:30 p.m. excluding holidays.**
2. Make sure the location of vending machine meets all **Federal** & State guidelines to be a legal machine.
** Vending machines can only be in twenty-one (21)+ establishments per FDA guidelines.**
3. Permits are non-transferable. If purchasing an existing business, you must have in your possession a new permit before purchasing or selling any tobacco products, vapor products, alternative nicotine products, or e-liquid products or stocking any vending machines with tobacco products, vapor products, alternative nicotine products, or e-liquid products.
4. The permit fee is one hundred dollars (\$100.00). A surety bond shall be filed with Arkansas Tobacco Control and the amount of the surety bond is based on the number of vending machines operated. If you are purchasing an existing business, please base your surety bond on the previous owner's number of vending machines. The Tobacco Vending Bond Form is found on our website.

1 to 30 machines	\$2,000.00
31 to 60 machines	\$3,000.00
61 to 90 machines	\$4,000.00
91 to 120 machines	\$5,000.00
Over 120 machines	\$6,000.00
5. If you are purchasing an existing business, even if you are going to change the name, you must provide the business' existing name and permit number (7 digits in upper right-hand corner of the previous owner's permit).
6. No cash is accepted. Please enclose a check or money order for the appropriate amount of your permit.
7. The application must be signed by the owner, corporate officer, managing partner or managing member. If the business is a partnership, then it must be signed by the managing partner. If the business is an LLC, then it must be signed by the managing member.
8. This application, when returned, must be accompanied with a Vending Machine Stamps Request Form.
9. This application, when returned, must be accompanied with a complete listing of all vending locations.
10. It is unlawful to purchase or sell tobacco products, vapor products, alternative nicotine products, or e-liquid products until you have your permit **in your possession**. Selling tobacco products, vapor products, alternative nicotine products, or e-liquid products without a permit is a criminal offense.

Permit Application Checklist

- ____ Completed application
- ____ Check or money order
- ____ Copy of Sales and Use Tax Certificate
- ____ Copy of Articles of Incorporation, Partnership Agreement, or Operating Agreement (if applicable)
- ____ Copy of lease agreement, bill of sale, or purchasing agreement
- ____ Itemized tobacco products, vapor products, alternative nicotine products, or e-liquid products inventory purchased from previous owner (if applicable)
- ____ Surety Bond
- ____ Vending Machine Stamps Request Form
- ____ Complete list of ALL vending locations

Business Information

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

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 all communication from ATC; CAN include P.O. Box)

City: _____ County: _____ Zip Code: _____

Business Phone Number: (_____) _____ - _____ Business 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.

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

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

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

Contact Address: _____
(**Attach copy of lease agreement, bill of sale or purchasing agreement**)

Did you purchase the inventory of an established business? _____
(**If so, provide a copy of the itemized tobacco products, vapor products, alternative nicotine products, or e-liquid products inventory**)

A Surety Bond shall be filed with Arkansas Tobacco Control based on the number of vending machines operated:

1 to 30 machines	\$2,000.00	BONDING COMPANY NAME: _____
31 to 60 machines	\$3,000.00	_____
61 to 90 machines	\$4,000.00	BONDING COMPANY ADDRESS: _____
91 to 120 machines	\$5,000.00	_____
Over 120 machines	\$6,000.00	_____

(Attach Surety Bond) AMOUNT OF BOND \$ _____

This application must be accompanied with a Vending Machine Stamps Request Form.

This application must be accompanied with a complete listing of all vending locations. (physical address and business name)

If purchasing or leasing an existing business:

Name of Business Purchased: _____

Relationship to previous owner: _____

Permit Number of Previous Owner _____ Date of Purchase _____

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) is 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, plead 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.

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, 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



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