

## SUPPLIER'S PERMIT

### INSTRUCTIONS

PLEASE PRINT IN INK OR TYPE. NOTE: FORM MUST BE NOTARIZED

1. Any in-state or out-of-state manufacturer, distiller, rectifier, brewer, importer, or producer of spirituous liquor or vinous liquor, not currently permitted by this state, will pay the initial application fee of \$50.00 (Fifty Dollars). **NO CASH.** All permits issued by this agency, expire on June 30<sup>th</sup> of each calendar year and are subject to renewal.
2. All suppliers must complete the brand registration/label approval/wholesaler appointment process for any products the supplier intends to ship into the state. The Arkansas supplier permit number is required for brand registration. Once a permit number has been assigned, suppliers should go to [www.dfa.arkansas.gov/offices/abc](http://www.dfa.arkansas.gov/offices/abc) in order to complete the brand registration of all relevant products.
3. Arkansas is a franchise state. If the brands you want to register have been previously awarded to a wholesaler, then the prior wholesaler(s) still retains the rights to those brands. Arkansas does not allow more than one distributor per brand.
4. Please allow thirty days (30) for processing of an application for a Supplier's permit. Excise taxes are paid by the Arkansas wholesaler when the product "comes to rest" at their wholesale warehouse location.

Provisions of the Arkansas Supplier's Permit Act of 2013, are found codified in the Arkansas Code at ACA 3-4-608. You may also wish to review provisions of ACA 3-5-1101, et. seq. which governs the relationships between wholesalers and suppliers. The Arkansas Code is available at [www.state.ar.us](http://www.state.ar.us)





STATE OF ARKANSAS  
ALCOHOLIC BEVERAGE CONTROL DIVISION  
APPLICATION FOR SUPPLIER'S PERMIT  
[Act 1105 of 2013]

Check one:

Permit No. \_\_\_\_\_

\_\_\_\_\_ Spirituous Liquor

\_\_\_\_\_ Vinous Liquor

Name of Business \_\_\_\_\_

Address of Business \_\_\_\_\_  
Street Address

City State Zip

\_\_\_\_\_ Mailing Address if Different from Above

City State Zip

Office Phone: \_\_\_\_\_

Office Fax: \_\_\_\_\_

Email: \_\_\_\_\_

[Verification by company officer on reverse of this form]



VERIFICATION

I, \_\_\_\_\_, am an officer of the above company, and I do hereby verify that the information shown on the first page of this form is true and correct to the best of my knowledge. I understand my company is bound by applicable provisions of Act 1105 of 2013 and any ABC regulations that may apply to my company.

BY: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Company Title

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:  
\_\_\_\_\_

RETURN FORM WITH FEE ATTACHED TO:

Alcoholic Beverage Control Division  
1515 West 7<sup>th</sup> Street, Ste. 503  
Little Rock, Arkansas 72201-3953

CONTACT PERSON INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_

Social Security #: \_\_\_\_\_