



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



101 E. Capitol Ave., Suite 401 Little Rock, AR 72201 / Phone: (501) 682-1105 / Fax: (501) 682-2221

Change of Distributorship Form

The Change of Distributorship Form for Brand Registration allows Manufacturers or Suppliers to change the assigned distributor for previously registered products that are offered for sale in the state of Arkansas.

Instructions

- This form to be used by manufacturers or suppliers to change the assigned distributor of beer, malt liquor, vinous liquor, or spirituous Liquor products in Arkansas.
- Fully complete this Form. Incomplete forms will not be processed.
- The Products must be Primary American Source (PAS) products previously recorded for Arkansas.
- Attach to form a copy / picture of each brand label(s).
- Attach to form a letter of release from the current distributor acknowledging their business will no longer be the assigned distributor of the listed products. (Rule 2.16)

General Information

1. This form does not allow for any substantive changes in labeling or packing of any product other than those changes reflecting distributorship.
2. Arkansas is a franchise state. If brands have been previously awarded to an existing business, that business will retain the rights to those brands until this form is approved. The new distributor should not distribute any products until approvals have been finalized.
3. By signing this form, the parties agree to follow, stay current on, and comply with all local, federal and state laws, including, but not limited to Arkansas Code Annotated § 3-2-401 et seq. & § 4-72-201, et seq.

Manufacturer/Distiller/Importer Information

To ensure compliance with the requirements of ACA § 3-2-401, et seq., ABC Reg. 2.16 and ACA § 4-72-201, et seq. of the state of Arkansas please use the space below to request authority to register Alcoholic Products.

I _____ of _____,
Name of Officer and Position (PAS ONLY) Manufacturer, Distiller, Importer

Located at _____
Mailing Address City State Zip code

Herby request that authority be granted for the following registered brands of Beer, Malt Liquor, Vinous Liquor, or Spirituous Liquor products in Arkansas to be distributed by _____
Name of Distributor

located at _____
Mailing Address City State Zip code

A Specimen of the label to be used and a copy of the BATF COLA form for each of the below items are attached hereto.

Signature

Date

Brand Information

Brand <i>(include all names)</i> & Type	Size	Current/Previous Distributor
<i>Example: Silver Mist / SM – Cabernet Sauvignon</i>	<i>500 ml</i>	<i>Moon Distributors</i>

Distributor Information

I, _____, with _____
Name (Chief Executive Officer) *Distributorship Name*

located at _____ do hereby acknowledge my
Address (Street, City, State, Zip)

company as the distributor for the above-named products within the State of Arkansas, and do hereby register the same with the Alcoholic Beverage Control.

 Signature (Chief Executive Officer)

 Date

Business Email: _____
Note: Alcoholic Beverage 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.