



## Supplier’s Permit Application

The Supplier’s Permit allows third party entities to sell products from unregistered manufacturers of spirituous liquor or vinous liquor to registered wholesalers in the state of Arkansas.

### Instructions

- **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.
- Separate applications must be filed for each established place of business and/or for each type of permit.

### Definitions

- **Spirituos Liquor Products.** a liquor distilled from the fermented juices of grain, fruits, or vegetables and containing more than twenty-one percent (21%) alcohol by weight, or any other liquids containing more than twenty-one percent (21%) alcohol by weight. Ark. Code Ann. § 3-4-608
- **Vinous Liquor Products.** The fermented juices of fruits or a mixture containing the fermented juices of fruits, containing more than five percent (5%) and not more than twenty-one percent (21%) alcohol by weight. Ark. Code Ann. § 3-4-608
- **Ready to Drink (RTD).** A product containing spirituous liquor with a final finished product of no greater than fifteen percent (15%) alcohol by weight or 18.75% alcohol by volume. Ark. Code Ann. § 3-15-1202
- **Supplier.** An in-state or out-of-state manufacturer, distiller, rectifier, brewer, importer, or producer of spirituous liquor or vinous liquor. Ark. Code Ann. § 3-4-608

### General Information

1. Any in-state or out-of-state supplier will pay the initial application fee of **\$50.00 (Fifty Dollars) via check, money order or cashier’s check. NO CASH.** All permits issued by this agency, expire on June 30th of each calendar year and are subject to renewal.
2. Small Farm Wine is excluded from using this permit. Ark. Code Ann. § 3-4-608
3. A supplier shall not sell a spirituous liquor or a vinous liquor to a wholesaler, distributor, or to any other person who is not legally authorized to receive, possess, transport, distribute, or sell a spirituous liquor or a vinous liquor. Authorized means they have a valid permit from Arkansas Alcoholic Beverage Control.
4. This permit allows the supplier to sell, deliver, ship & transport products to the wholesalers, distributors, or rectifiers in the state of Arkansas.

5. All suppliers must complete the Brand Registration, label approval and wholesaler appointment process for any products the supplier intends to ship into the state using the Product Registration Online System (PRO). The Arkansas suppliers permit number is required for brand registration. Once a permit number has been assigned the process can be completed.
6. Arkansas is a franchise state. If the brands you want to register have been previously awarded to a wholesaler, then the current wholesaler still retains the rights to those brands. Arkansas does not allow more than one distributor or supplier per brand.
7. Provisions of the Arkansas Supplier’s Permit Act 2013 are found at Ark. Code Ann. § 3-4-608. Other provisions are found in Ark. Code Ann. § 3-5-1101, et.seq. which governs the relationship between wholesalers and suppliers.
8. By signing this application, the applicant agrees to follow, stay current on, and comply with all local, federal and state laws, including, but not limited to Arkansas Code Annotated § 3-5-1701, et al..
9. The business must provide written notice to the ABC Director within thirty (30) days of a change in the Business Contact Information?
10. Will you be Supplying (please check) \_\_\_\_\_ Spirituous Liquor \_\_\_\_\_ Vinous Liquor *(If both, you will need 2 separate applications)*

**Business Information**

Legal Business/Company Name: \_\_\_\_\_

Name of Business if different from Legal Name: \_\_\_\_\_  
(Any fictitious name or ‘Doing Business As’ (DBA) name)

**Business Address:** \_\_\_\_\_ Suite/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ Suite/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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.*

**Primary Owner/Business Contact Information**

Owner/primary Contact Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

**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 to ensure that you have provided all required information and documentation for application submission.

By accepting a permit from Arkansas Alcoholic Beverage Control, the permit holder is agreeing that they, and their business, will follow all lawful requirements and furthermore acknowledging that they understand that ABC Agents, or any other lawful Alcoholic Beverage Control Entity can periodically conduct inspections and compliance checks to ensure compliance with the law.

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**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 one through three) 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, Act 483 of 2013 A.C.A. § 3-5-1701 all rules promulgated pursuant thereto, and all lawful orders of the Arkansas Alcoholic Beverage Control Board. Applicant understands and agrees that any intentional false or misleading information, of any nature, 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

