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
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https://www.atc.arkansas.gov

Manufacturer Tobacco Products and Alternative Nicotine Products Only Permit Application

Instructions

- The Manufacturer Tobacco Products and Alternative Nicotine Products Only Permit allows businesses to manufacturer, fabricate, assemble, or process tobacco products and alternative nicotine products, including without limitation federally licensed importers and federally licensed distributors that deal in tobacco products and/or nicotine products.
- 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 7).
- Separate applications must be filed for each established place of business. Further, separate applications must be filed for retail permits and salesperson permits.

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).
- **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).

General Information

1. Do you, Applicant, understand and agree to complete and attach with the application the ***Manufacturer Tobacco Products and Alternative Nicotine Products Only Permit Application Checklist*** (provided on Page 7 of this Application), and to fully provide the requested documentation and/or information contained in that checklist?	☐ YES ☐ NO
2. Applicant intends to manufacture and sell the following products (please select all applicable boxes below): ☐ Cigarettes ☐ Roll-Your-Own Tobacco ☐ Hookah Tobacco (e.g., Shisha) ☐ Alternative Nicotine Products ☐ Cigars ☐ Chewing Tobacco ☐ Moist Tobacco (e.g., Snuff) ☐ Other:	
3. 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, *et al.*, Arkansas Code Annotated § 26-57-201, *et. al.*?	☐ YES ☐ NO

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? **If Yes, please attach to this application the details of each occurrence.**	☐ YES ☐ NO
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? **If Yes, please attach to this application the details of each occurrence.**	☐ YES ☐ NO
6. 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? ▪ **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.**	☐ YES ☐ NO
7. Do you, Applicant, understand and agree to provide written notice to the Arkansas Tobacco Control Director when the business changes physical locations? ▪ **An ATC permit holder must receive ATC approval prior to making any sales at a new location.**	☐ YES ☐ NO
8. 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 nonpublicly traded corporation?	☐ YES ☐ NO
9. Do you, Applicant, understand and agree that your company, as a manufacturer, must maintain three (3) years of tobacco product invoices that are available upon demand by ATC during normal business hours in the permitted location?	☐ YES ☐ NO
10. Does Applicant owe any sales taxes to the State of Arkansas? ▪ **If Yes to Question 10, 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.**	☐ YES ☐ NO

11. Do you, Applicant, understand and agree that each agent or employee of the company who sells or offers for sale to permitted wholesalers or permitted retailers or that solicits for sale, takes orders for, or in any manner promotes the sale or use of tobacco products will obtain a separate Manufacturer's Salesperson's Permit? ▪ **Salespersons must obtain and maintain a permit, available on the ATC website.**	☐ YES ☐ NO
Cigarettes and Roll-Your-Own Tobacco	
12. Do you, Applicant, intend to manufacture, fabricate, assemble, or process cigarettes?	☐ YES ☐ NO
13. Do you, Applicant, agree and understand that, under A.C.A. § 26-57-235(d), any cigarettes your company and/or employees sell into the State of Arkansas must be in packages of twenty (20) or twenty-five (25) cigarettes?	☐ YES ☐ NO
14. Do you, Applicant, understand that your company must certify and then re-certify your Fire Standard Complaint (FSC) certificate with Arkansas Tobacco Control every three (3) years?	☐ YES ☐ NO
15. Do you, Applicant verify and agree that your company maintains Certificates of Compliance for each of its brand families being sold into the State of Arkansas as issued by the Department of Health and Human Services, Centers for Disease Control and Prevention, and the Office on Smoking Health with respect to the ingredient list submission under 15 U.S.C. 1335a?	☐ YES ☐ NO
16. Do you, Applicant, verify and agree that your company's cigarette brands sold into the State of Arkansas are listed on the Arkansas Approved-for-Sale Tobacco Products Directory maintained by the Arkansas Attorney General?	☐ YES ☐ NO
Alternative Nicotine Products	
17. Does Applicant intend to sell any alternative nicotine products in person and over the counter at retail to consumers in the State of Arkansas?	☐ YES ☐ NO
18. 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?	☐ YES ☐ NO

Business Information

Permit Fee type: **$500.00** Manufacturer Tobacco Products and Alternative Nicotine Products Only Permit; **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: _____

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

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

Contact Address: _____

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: _____

Business 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 review frequently.

Warehouse Address (where product is stored): _____ Suite/Unit #: _____

City: _____ County: _____ Zip Code: _____

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: *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 or Shares Held of Total Shares Issued: _____%

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 these 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 or Shares Held of Total Shares Issued: _____%

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 or Shares Held of Total Shares Issued: _____%

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 or Shares Held of Total Shares Issued: _____%

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 2 through 9, including the Application Checklist) is true and correct to the best of my knowledge and belief, and that the Applicant is a Wholesaler in fact. 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

Manufacturer Tobacco Products and Alternative Nicotine Products
Only Permit Application Checklist

(This document **MUST** be submitted with application)

☐ **Completed Application**. The Applicant must complete and sign the Application for Vapor Product and E-Liquid Product Exclusive Permit (Manufacturer, Wholesaler, and Retailer) for submission to Arkansas Tobacco Control.

☐ **Payment**. A Check or Money Order 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.

☐ **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 Financial Responsibility**. Attach to Application a Dunn & Bradstreet Report reflecting the financial status of the Applicant, a Standard Compilation Report of financial statements prepared by an independent Certified Public Accountant or current copies of Federal tax returns for the business.

☐ **Proof of ownership/right to occupy and Proof of Offices and/or Warehouses**. Attach to Application copies of any deed, lease, rental agreement, bill of sale, mortgage, purchasing agreement or other documentation (e.g., proof of right to occupy and use the permitted premises) of all offices, buildings and warehouses from where business will be conducted and/or where inventory and/or files will be stored.

☐ **Photographs of Buildings/Structures**. Attach to Application photos of the outside front, sides and rear of all buildings or structures to be used for storage of vapor products and/or E-Liquid Products inventory or files.

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