



State of Arkansas  
Department of Finance  
And Administration

DFA - ARKANSAS TOBACCO CONTROL

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



## Vapor Product and E-liquid Product Exclusive Permit (Manufacturer, Wholesaler, and Retailer) Application

### 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 (refer to checklist; Page 9).
- If Applicant is purchasing an existing business with vapor products and/or e-liquid products that will be transferred to the new business, the new permit holder/store owner **MUST** take a written inventory of all products being transferred. Please use the Inventory Form provided by Arkansas Tobacco Control: <https://www.atc.arkansas.gov/forms>
- **Newspaper Publication.** The completed Application package (Application and required attachments) is to be sent to Arkansas Tobacco Control for review. Upon finalizing the review of the Application package for completeness, Arkansas Tobacco will notify Applicant. Applicant must then advertise its intentions to obtain permit in a newspaper of statewide circulation. The notice shall be placed on two (2) occasions, seven (7) days apart. The date of the first publication shall be at least thirty (30) days prior to the meeting at which the Board will consider the Application (and attached documents). Please refer to Rules 3.1 through 3.10 of the Arkansas Tobacco Control Board Rules, located on the Agency website.

### Definitions

- **E-Liquid and E-Liquid Product.** “‘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).
- **E-Liquid Container.** “‘E-liquid container’ means a bottle or other container of e-liquid that is sold or provided for mixing at retail and is marketed or intended for use in a vapor product, but does not include e-liquid contained in a cartridge that is sold, marketed, or intended for use in a vapor product if the cartridge is prefilled and sealed by the manufacturer and is not intended to be opened by the consumer.” *See* Ark. Code Ann. § 26-57-254(d).
- **Vapor Product.** “‘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).

**NOTE:** To obtain a Vapor Product and E-Liquid Product Exclusive Permit (Manufacturer, Wholesaler, and Retailer), Applicant must retail, manufacture and wholesale vapor products and/or e-liquid products from the *same permitted address*. Otherwise, Applicant will need to apply for a different Permit. To obtain this Vapor Product and E-Liquid Product Exclusive Permit (Manufacturer, Wholesaler, and Retailer), Applicant must also, in some capacity and with reasonable frequency, engage in all three (3) activities: manufacturer, wholesaler and retailer. Otherwise, Applicant will need to apply for a different Permit. A Vapor Product and E-Liquid retailer, specifically, must sell products to Arkansas consumers over the counter at retail.

**General Information**

<p>1. Do you, Applicant, understand and agree to complete and attach with the application the <i>Vapor Product and E-Liquid Product Exclusive Permit (Manufacturer, Wholesaler, and Retailer) Application Checklist</i> (provided on Page 9 of this Application), and to fully provide the requested documentation and/or information contained in that checklist?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>2. 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, <i>et al.</i>, Arkansas Code Annotated § 26-57-201, <i>et. al.</i>?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>3. Do you, Applicant, understand that it is illegal in the State of Arkansas to give, barter or sell to anyone under the age of twenty-one (21) tobacco in any form, cigarette paper, vapor product, alternative nicotine product, e-liquid product, or any component of a vapor product, alternative nicotine product, or e-liquid product?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>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?</p> <p><b>If Yes, please attach to this application the details of each occurrence.</b></p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>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?</p> <p><b>If Yes, please attach to this application the details of each occurrence.</b></p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>6. Does Applicant intend to sell vapor products and/or e-liquid products in person and over the counter at retail to Arkansas consumers?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>7. Does Applicant verify and agree that it will not operate out of a residential address and that it will be in compliance with all local ordinances, including zoning ordinances?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

8. Does Applicant intend to manufacture, fabricate, assemble, process, mix compound, repackage or resize any vapor products and/or e-liquid products?	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Does Applicant attest the manufacturing of vapor products or e-liquid products complies with or will comply with the applicable ingredient listing and submission required by 21 U.S.C. 387d(a)(1) of the Federal Food Drug, and Cosmetic Act (FD&C Act) and related rules (81 FR 28973-01)?  <b>If No, please submit an explanation as a separate written document.</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Is Applicant a federally licensed importer or federally licensed distributor that deals in vapor products and/or or e-liquid products?  <b>If Yes, attach the applicable proof of documentation.</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Does Applicant intend to distribute vapor products and/or e-liquid products to other licensed or permitted wholesalers, vendors or retailers?	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Does Applicant intend to purchase vapor products and/or e-liquid products from any source other than Applicant or a subsidiary of the Applicant?	<input type="checkbox"/> YES <input type="checkbox"/> NO
13. If Yes to Question 12, select the applicable boxes below that best apply to where Applicant will purchase vapor products or e-liquids:	<input type="checkbox"/> Inside Arkansas <input type="checkbox"/> Outside U.S. <input type="checkbox"/> Outside Arkansas <input type="checkbox"/> Not Applicable
14. Select all applicable boxes below that best apply to your business. <input type="checkbox"/> Retail____% <input type="checkbox"/> Wholesale____% <input type="checkbox"/> Manufacturer____% <input type="checkbox"/> Other____% Describe Other: _____ 15. Describe the primary business activity of your company: _____	
16. Does Applicant’s vapor products or e-liquid products (whether selling, manufacturing or wholesaling) contain any cannabidiol (CBD)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
(a) If Yes to Question 16, does 100% of Applicant’s vapor products and/or e-liquid products (whether Applicant is selling, manufacturing or wholesaling) contain CBD in some amount?	<input type="checkbox"/> YES <input type="checkbox"/> NO
(b) If Yes to Question 16, does 0% of Applicant’s vapor products and/or e-liquid products (whether Applicant is selling, manufacturing or wholesaling) contain Nicotine in some amount?	<input type="checkbox"/> YES <input type="checkbox"/> NO

<p>(c) If Yes to Question 16, does Applicant’s vapor products and/or e-liquid products (whether Applicant is selling, manufacturing or wholesaling) contain no more than 0.3% THC by weight?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>17. Does Applicant verify and agree that all E-Liquid Containers 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?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>18. Do you, the Applicant, consent to allow Arkansas Tobacco Control or Arkansas State Police to conduct a state or national criminal background check on any person listed in this Application?</p> <ul style="list-style-type: none"> <li>▪ <b>Arkansas Code Annotated § 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.</b></li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>19. Do you, Applicant, understand and agree to submit the reports required by the Jenkins Act, 15 U.S.C. § 375, <i>et seq.</i>, as amended, to the Arkansas Department of Finance and Administration and Office of the Arkansas Attorney General?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>20. Do you, Applicant, understand and agree to submit monthly sales reporting requirements to Arkansas Tobacco Control as set out in A.C.A. § 26-57-265 by the tenth (10th) of each month for the previous month’s sales/deliveries, <i>even if no sales are made</i>?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>21. Do you, Applicant, understand and agree that if the required monthly sales report to Arkansas Tobacco Control as set out in A.C.A. § 26-57-265 is not submitted, is submitted late, or is submitted incomplete or inaccurate, you may be assessed civil penalties and your license may also be suspended or revoked?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>22. Do you, Applicant, understand and agree to provide written notice to the Arkansas Tobacco Control Director when the business changes physical locations?</p> <ul style="list-style-type: none"> <li>▪ <b>An ATC permit holder must receive ATC approval prior to making any sales at a new location.</b></li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>23. Do you, Applicant, understand and agree to provide written notice to the Arkansas Tobacco Control 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</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

<p>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?</p>	
<p>24. Do you, Applicant, understand and agree to maintain three (3) years of tobacco product, vapor product, alternative nicotine product, and e-liquid product invoices, with the name or other identifying information of the Applicant and the retailer, that are available upon demand during normal business hours in the permitted location?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>25. Does Applicant owe any sales taxes due to the State of Arkansas?</p> <ul style="list-style-type: none"> <li>▪ <b>If Yes to Question 25, 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.</b></li> </ul>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

**[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK –  
APPLICATION CONTINUES ON NEXT PAGE 6]**

## Business Information

Permit Fee type: **\$1,000.00** Vapor Product and E-liquid Product Exclusive Permit (Manufacturer, Wholesaler, and Retailer); **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 any and all communication from ATC; CAN include P.O. Box)

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Store Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Store Fax Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Store 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.

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

**Type of Business (Check all that apply):**  Convenience Store w/gas  Convenience w/o gas  Vapor Store  Supermarket  
 Gasoline Kiosk  Wholesale  Manufacturer  Warehouse with retail front  Other \_\_\_\_\_

**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 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 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 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.

**FREE Retail Training is available through our office. Please contact us if you wish to send your staff to a free training event or arrange a free training event for your location.**

**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





## Vapor Product and E-liquid Product Exclusive Permit (Manufacturer, Wholesaler, and Retailer) 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.
- Copy of Sales and Use Tax Certificate.** Applicant must apply for and receive an Arkansas sales-and-use tax permit from the Arkansas Department of Finance and Administration (DFA): <https://www.dfa.arkansas.gov/excise-tax/> (Sales and Use Tax). Attach to Application a copy of sales and use tax certificate(s). Name, address, and business designation should match the accompanying paperwork.
- 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.
- Affidavit.** Complete and sign the Affidavit by application for Vapor Product and E-Liquid Product Exclusive Permit (Manufacturer, Wholesaler, and Retailer).
- Itemized inventory** which lists brand, type, flavor, package type(s), and quantity of each product from the previous owner, if applicable.

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