State of Arkansas
Department of Finance And Administration

DFA - ARKANSAS TOBACCO CONTROL
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Manufacturer's Salesperson Permit Application

Instructions

- Every manufacturer's salesperson of any tobacco products, vapor products, alternative nicotine products, or e-liquid products who contacts a retailer in the State of Arkansas for the purpose of soliciting, taking, or processing orders for the sale of tobacco products, vapor products, alternative nicotine products, or e-liquid products or who through contact delivers or causes delivery of any tobacco products, vapor products, alternative nicotine products, or e-liquid products to a retailer in the State of Arkansas must first secure a salesperson's permit. *See* A.C.A. § 26-57-215(a)(3)(A).

- A salesperson's permit is not transferable to another employer and must be surrendered to Arkansas Tobacco Control Director by the employer upon termination of the salesperson's employment. *See* A.C.A. § 26-57-215(a)(3)(C).

- 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 4).

Definitions

- **Salesperson.** "'Salesperson' means the agent or employee of a wholesaler or a manufacturer that 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, vapor products, alternative nicotine products, or e-liquid products." Ark. Code Ann. § 26-57-203(30).

- **Sale/Sell.** "'Sale" or 'sell' means a transfer, exchange, or barter in any manner or by any means for any consideration, including distributing or shipping product in connection with a sale." Ark. Code Ann. § 26-57-203(28)(A).

General Information

1. Do you, Applicant, understand and agree to complete and attach with the Application the ***Manufacturer's Salesperson Permit Application Checklist*** (provided on Page 4 of this Application), and to fully provide the requested documentation and/or information contained in that checklist?	☐ YES ☐ NO
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, *et al.*, Arkansas Code Annotated § 26-57-201, *et. al.*?	☐ YES ☐ NO
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?	☐ YES ☐ NO

4. Have you, Applicant, ever been licensed or permitted in the State of Arkansas as either a Wholesaler Salesperson or a Manufacturer Salesperson? **If Yes, please provide the following additional information:** ▪ **Previous Salesperson Permit No. _____** ▪ **Salesperson's Employer Name: _____** ▪ **Salesperson's Employer Permit No. _____**	☐ YES ☐ NO
5. Have you, Applicant, 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. Have you, Applicant, ever been refused a salesperson or representative license or permit in any state or had such license or permit revoked or suspended? **If Yes, please attach to this application the details of each occurrence.**	☐ YES ☐ NO
7. 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

Applicant Information

Permit Fee type: $ 25.00 Manufacturer's Salesperson Permit; **NO CASH PAYMENTS**

Applicant's Full Legal Name: _____
(First) (Middle) (Last)

Applicant's Date of Birth: _____ /_____ /_____ Applicant's Social Security Number (SSN): _____-_____-_____
(Month) (Day) (Year)

Applicant's 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: _____

Applicant's E-mail Address: _____ Phone Number: (_____) _____ - _____

Driver's License/ID Number: _____ State of Issuance: _____ Alien Registration No.: _____

In what part of the State of Arkansas do you expect to represent your Employer? _____
_____

Have you ever pled guilty, pled no contest, or been convicted of a Felony? ☐YES ☐NO

Applicant's Employer Information

Applicant's Employer Business Name: _____

Employer's Physical Location Address: _____ Suite/Unit #: _____
(Must be a numeric address plus street name; CANNOT be a P.O. Box or location description)

City: _____ County: _____ Zip Code: _____

Employer's Mailing Address: _____ Suite/Unit #: _____
(Must be a numeric address plus street name; CANNOT be a P.O. Box or location description

City: _____ County: _____ Zip Code: _____

Employer's current ATC permit number(s): _____

Employer FEIN: _____ Employer E-Mail Address: _____

Note: Please provide the most up-to-date email for your employer that is reviewed frequently.

Employer Phone Number: (_____) _____-_____ Employer Fax Number: (_____) _____-_____

Legal Responsibility – Application Signature Page

By dating and signing below, I hereby declare and sign under penalty of law that the information provided on this application (all pages 1 through 4, including the Application Checklist) 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, 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 Applicant – (Please sign in notary's presence)

_____
Printed Name of Applicant

_____
Employer's (or authorized agent of Employer) Signature

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's Salesperson Permit Application Checklist

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

☐ **Completed Application**. The Applicant must complete and sign the Application for Manufacturer's Salesperson Permit for submission to Arkansas Tobacco Control.

☐ **Payment**. A Check or Money Order in the amount of $25.00 must be sent with the Application. Please ensure the Check/Money Order is accurate and complete. **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.