

State of Arkansas Department of Finance And Administration



APPLICATION TO SELL AT LESS THAN STATUTORY PRESUMPTIVE MARK UP

Wholesale Application	Retail Application
Name of applicant:	
Cigarette Permit No.:	
Asserted total cost of doing business per cigarette: \$	
What percentage of your cost of doing business is allocable to cigarette	es:%
Asserted cost of doing business per cigarette for only the cigarette portion of the business: \$	
Requested percentage cost of doing business submitted for approval: _	%
I,	, do hereby
Name Title (owner, partner, cor	porate officer)
swear or affirm under oath, that the foregoing information is true and c	correct.
Date:	
Signature	

Please attach a complete copy of the applicant's most recently filed Federal Income Tax Return with supporting schedules as well as the CPA statement required by ATC Rule & Regulation 15.1(C)(1)(c)/15.2(C)(1)(c).

NOTICE: Any false material statement made under oath in an official proceeding is punishable as a Class C Felony, and could result in a fine of up to \$10,000.00, imprisonment for up to ten years or both.