

CLASS CODE: 5351

STATE OF ARKANSAS
DUPLICATE PERMIT REQUEST FORM

Mail with \$5.00 payment to: Arkansas Tobacco Control
101 East Capitol Avenue, Suite 401
Little Rock, AR 72201-3824
Phone #(501)682-9756

Duplicate Fee Amount \$5.00

Cigarette & Tobacco Permit # _____

Name of Business _____ Telephone # _____

Mailing Address _____ City _____ Zip _____

County _____ Business Location _____

Sales Tax # _____ FEIN or SSN # _____

ACT 1337, §26-57-222. Permits and Licenses-Duplicates - When a permit or license is lost by a holder, a duplicate permit or license may be issued upon application and for a fee of five dollars (\$5.00) when sufficient proof has been given the Director of Arkansas Tobacco Control.

Date _____

Signature of Owner, Manager, or Authorized Representative

Printed Name of Owner, Manager, or Authorized Representative