

Iowa Retail Permit Application For Cigarette/Tobacco/Nicotine/Vapor

For period	, 2	20 throug	h June 30, 20		
Į:	f you hav	e any question	ted application to yos call your city cleside city limits).	•	
I/we hereby make application for a retail pe products:	ermit to se	ell cigarettes, t	obacco, alternative	e nicotine, or v	/apor
Business information:					
Trade Name/DBA:					
Physical Location Address:		City:		ZIP:	
Mailing Address:	C	ity:	State: _	ZIP:	
Business Phone Number: ()					
Legal Owner Information:					
Type of Ownership: Sole Proprietor D] Pa	rtnership 🗆	Corporation □	LLC 🗆	LLP 🗆
Legal Owner:(Name of sole proprietor, partnership, con	poration,	LLC, or LLP)			
Mailing Address:	City	/:	State: _	ZIP:	
Phone Number: ()Fa:	x Numbe	r: ()	Email:		
Retail Information:					
Types of Sales: Over-the-counter		Vending ma	achine 🗆		
Does the Establishment sell vapor produc	cts/altern	ative nicotine p	products only?	Yes □	No □
Type of Establishment					
Bar ☐ Convenience store/gas station Restaurant ☐ Tobacco store ☐ Has vending machine that assembles cig	Alternativ	e nicotine/vap	or store □	·	
If application is approved and permit grante laws governing the sale of cigarettes, tobac					ce of the
SIGNATURE OF OWNER, PARTNER(S),	OR COR	PORATE OFF	FICIAL		
Name (please print)		Name (please	print)		
Signature		Signature			
Date		Date			
FOR CITY CLERK/COU		ITOR ONLY – M	UST BE COMPLETE		
Amount Paid: Date issued			completed/approved of		D
Permit Number R			nent of Commerce, Al uing City or County	_	es Division

INSTRUCTIONS FOR IOWA RETAIL CIGARETTE/TOBACCO/NICOTINE/VAPOR PERMIT APPLICATION (PLEASE TYPE OR PRINT LEGIBLY)

- Fill in the month, day, and year that this application covers.
- All permits expire June 30^{th.}
- A new application must be submitted every year. All items must be completed. A permit will not be issued until the application is properly completed.

BUSINESS INFORMATION

- Fill in the trade name the business is known by DBA (doing business as).
- Fill in the physical location address, city, and ZIP where the business is located that is the 911 address.
- Fill in the mailing address, city, and ZIP or post office box.
- Fill in the 10-digit telephone number of the business.

LEGAL OWNER INFORMATION

- Check whether the legal ownership of the business is a sole proprietor, a partnership, a corporation, a limited liability corporation (LLC), or a limit liability partnership (LLP).
- Fill in the names of the sole proprietor, partnership, the corporation, the LLC, or the LLP that is the legal owner of the business. This is NOT the store manager or the corporate president.
- Fill in the 10-digit telephone and fax number and email address of the legal owner.

RETAIL INFORMATION

- Check the box for the type of sales at the business.
- Check yes or no if the business sells only vapor/alternative nicotine products.
- Check the box for the type of business establishment.
- Print the name of the sole proprietor, partner(s) or corporate official signing this application.
- Sign and date the application. The application must be signed by the owner, one of the
 partners, or one of the corporate officers listed above. A preparer's or state manager's
 signature is not acceptable.
- Return this application to your local jurisdiction: city clerk (within city limits) or county auditor (outside of city limits).

FOR CITY CLERK/COUNTY AUDITOR ONLY

Send completed/approved applications to: Fax 515-281-7375

Email iapledge@iowaabd.com

Please visit the Iowa Department of Revenue website (https://tax.iowa.gov) to find information regarding minimum price and a list of approved brands.

All retailers need to sign up for the cigarette/tobacco elist (Listserv).