



&lt; CITY OF DYERSVILLE

## Retail Tobacco License Review

CITY OF DYERSVILLE

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### Application Information

#### Legal Ownership Information

|                                                                |                                           |
|----------------------------------------------------------------|-------------------------------------------|
| Name of sole proprietor, partnership, corporation, LLC, or LLP | : FAREWAY STORES INC                      |
| Type of ownership                                              | : Corporation                             |
| Primary office address                                         | : 8800 NW 62ND AVE JOHNSTON IA 50131-2849 |
| Legal Ownership Phone                                          | : 515-432-2623                            |
| Legal Ownership Email                                          | : storelicenses@farewaystores.com         |

#### Application Information

|                             |                                             |
|-----------------------------|---------------------------------------------|
| City/County Permit Number   | : 02-2025                                   |
| Sales and Use Permit Number | : 131021585                                 |
| Location Name               | : FAREWAY STORES INC #008                   |
| Location Phone Number       | : 563-875-6053                              |
| Location Address            | : 1207 12TH AVE SE DYERSVILLE IA 52040-2415 |
| Location Mailing Address    | : 8800 NW 62ND AVE JOHNSTON IA 50131-2      |
| Renewal                     | : Yes                                       |

Start Date : 01-Jul-2026

End Date : 30-Jun-2027

License Fee : 75.00

Types of Sales : Over the Counter

Type of Establishment : Grocery store

Types of Products Sold : Cigarettes, Tobacco, Vapor Products, Alternative Nicotine Products

Do you intend to make retail sales to ultimate consumers? : Yes

Do you have other permits issued under Iowa Code chapter 453A at this retail location? If yes, provide permit number(s) in the next step: : No

## Ownership Details

| Owner                               | Position | Single Line Address         |
|-------------------------------------|----------|-----------------------------|
| MORAN, JAKE                         | Officer  | PO BOX 70 715 8TH STREET BO |
| PIKLAPP, GARRETT S                  | Owner    | 105 IRON DRIVE HUXLEY IA 50 |
| DIGHTON, JEFF                       | Owner    | 1204 NIGHTINGALE PLACE BO   |
| FREDERICK J VITT, TRUSTEE, FI Owner |          | P.O. BOX 246 BOONE IA 50036 |
| EACH HOLDING LESS THAN FI Owner     |          | 715 8TH STREET PO BOX 70 BO |
| SCOTT H BECKWITH, TRUSTEE Owner     |          | 715 8TH STREET BOONE IA 50  |

## Suppliers List

A list of suppliers for cigarettes, tobacco, alternative nicotine, and vapor products must be included with all retail tobacco permit applications. Applicants may submit this information

in text form or as a PDF upload. Local authorities may review this information during the application review process.

Midwest Quality Wholesale

## Decision

Select the decision of whether you approve or deny this permit application.

Iowa Department of Revenue will be issuing a permit number if this application is approved. However, the local authority has the option to also issue a permit number. If the local authority decides to issue a local permit number, it can be entered in the "Local Permit Number" field. Otherwise, only the state-issued permit number will appear on the permit.

Select a Decision \*

|         |      |
|---------|------|
| Approve | Deny |
|---------|------|



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- State of Iowa Directory
- Website Policies

