

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

https://tax.iowa.gov

Instructions on the reverse side

For period (MM/DD/YYYY) to 10/01/2021 through June 30, I/we apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products:

Business Information:

Trade Name/DBA: Delwin Liquor Tobacco & Gas
Physical Location Address: 801 E Charles St City Delwin IA ZIP 50662
Mailing Address: 801 E Charles St City Delwin IA ZIP 50662
Business Phone Number: 646 4008877

Legal Ownership Information:

Type of Ownership: Sole Proprietor [ ] Partnership [ ] Corporation [x] LLC [ ] LLP [ ]

Name of sole proprietor, partnership, corporation, LLC, or LLP: Jimmy Stores 786 INC
Mailing Address: 801 E Charles St City Delwin IA ZIP 50662
Phone Number: 646 4008877
Fax Number:
Email: jimmystores786@gmail.com

Retail Information:

Types of Sales: Over-the-counter [x] Vending machine [ ]

Do you make delivery sales of alternative nicotine or vapor products? (See Instructions) Yes [ ] No [x]

Types of Products Sold: (Check all that apply) Cigarettes [x] Tobacco [x] Alternative Nicotine Products [x] Vapor Products [x]

Type of Establishment: (Select the option that best describes the establishment) Alternative nicotine/vapor store [ ] Bar [ ] Convenience store/gas station [x] Drug store [ ] Grocery store [ ] Hotel/motel [ ] Liquor store [ ] Restaurant [ ] Tobacco store [ ] Other [ ]

If application is approved and permit granted, I/we do hereby bind ourselves to a faithful observance of the laws governing the sale of cigarettes, tobacco, alternative nicotine, and vapor products.

Signature of Owner(s), Partner(s), or Corporate Official(s)

Name (please print): James H. Yousaf
Signature: [Signature]
Date: 09/08/2021

Send this completed application and the applicable fee to your local jurisdiction. If you have any questions contact your city clerk (within city limits) or your county auditor (outside city limits).

FOR CITY CLERK/COUNTY AUDITOR ONLY - MUST BE COMPLETE

Send completed/approved application to Iowa Alcoholic Beverages Division within 30 days of issuance. Make sure the information on the application is complete and accurate. A copy of the permit does not need to be sent; only the application is required. It is preferred that applications are sent via email, as this allows for a receipt confirmation to be sent to the local authority.

Email: iapledge@iowaabd.com
Fax: 515-281-7375