APPLICATION FOR IOWA RETAIL CIGARETTE / TOBACCO PERMIT

For period _____ , 20 ____ through June 30, 20 __

PLEASE TYPE OR PRINT LEGIBLY

Please mail this completed application to your local jurisdiction. If you have questions, call your city clerk (within city limits) or your county auditor (outside city limits).

I/We hereby make application for a retail permit to sell cigarettes and tobacco products:

BUSINESS INFORMATION

Name of Business/DBA: _____

Location Address **(Must Have):** _____

Mailing Address: _____ City: _____ State/Zip: _____

Type of Sales: ☐ Vending Machine ☐ Over-the-counter Telephone Number (____) _____

Type of Retail Establishment: ☐ has vending machine that assembles cigarettes

☐ bar ☐ convenience store - with gas ☐ convenience store - no gas ☐ drug store ☐ gas station
☐ grocery ☐ hotel/motel ☐ liquor store ☐ restaurant ☐ tobacco store
☐ other _____

Cigarettes must be sold at the minimum price set by the State of Iowa. Obtain a current copy from the Iowa Department of Revenue Web site at www.state.ia.us/tax or from TaxFax at 1-800-572-3943 (enter form number 71023).

ONLY APPROVED BRANDS OF CIGARETTES OR ROLL-YOUR-OWN PRODUCTS MAY BE SOLD IN IOWA
Any brand not on the list is contraband. In addition, all cigarettes sold in Iowa must have an Iowa Cigarette Tax Stamp affixed to each package. Any violation of contraband or non-Iowa cigarette tax stamped package is subject to seizure and penalties under the provisions of Iowa Code 453A and 453D.

The list of approved brands is always current at www.state.ia.us/tax/business/CigTobIndex.html and is called IOWA DIRECTORY OF CERTIFIED TOBACCO PRODUCTS MANUFACTURERS — THEIR BRANDS AND BRAND FAMILIES

Go to http://elists.idrf.state.ia.us/scripts/wa.exe and sign up for the Cigarette/Tobacco eList (listserv).
You will receive an e-mail every time the approved list changes or the minimum price changes.

LEGAL OWNER INFORMATION

Type of Ownership: ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC ☐ LLP

Legal Owner: _____
(Name of Individual, Partnership, Corporation, LLC, or LLP)

Mailing Address: _____

City: _____ State: _____ Zip: _____ Ph. Number: (_____) _____

Fax Number: (___) _____ E-mail Address: _____

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 and tobacco products.

SIGNATURE OF OWNER, PARTNER(S), OR CORPORATE OFFICIAL

Name (please print): _____ Name (please print): _____

Signature: _____ Signature: _____

Date: _____ Date: _____

FOR OFFICE USE ONLY

Amount Paid: _____

Date Issued: _____ ☐ **New**

Permit #: _____ ☐ **Renewal**

FOR CITY CLERK/COUNTY AUDITOR ONLY
PLEASE SEND COMPLETED COPY TO THE IOWA DEPARTMENT OF COMMERCE, ALCOHOLIC BEVERAGE DIVISION

Name of Issuing City or County _____

Instructions for Iowa Retail Cigarette / Tobacco Permit Application

(MUST BE PRINTED CLEARLY OR TYPED)

Cigarettes must be sold at the minimum price set by the State of Iowa. Obtain a current copy of the minimum price list from the Iowa Department of Revenue Web site at www.iowa.gov/tax (click on Forms, select Cigarette/Tobacco, select Forms).

ONLY APPROVED BRANDS OF CIGARETTES OR ROLL-YOUR-OWN PRODUCTS MAY BE SOLD IN IOWA

Any brand not on the list is contraband. In addition, **all** cigarettes sold in Iowa must have an Iowa Cigarette Tax Stamp affixed to each package. Any violation of contraband or non-Iowa cigarette tax stamped package is subject to seizure and penalties under the provisions of Iowa Code 453A and 453D.

The list of approved brands is always current at http://www.state.ia.us/tax/business/CigTobIndex.html

and is called

IOWA DIRECTORY OF CERTIFIED TOBACCO PRODUCTS MANUFACTURERS — THEIR BRANDS AND BRAND FAMILIES

All retailers need to sign up for the Cigarette/ Tobacco eList (listserv).

You will receive an e-mail every time the approved list changes or the minimum price list changes.

Go to http://elists.idrf.state.ia.us/scripts/wa.exe

A new application must be submitted every year. A permit will not be issued until the application is properly completed.

Fill in the month, day and year that this application covers.

All permits expire June 30th. Normally this period will be the Fiscal Year July 1st through June 30th.

BUSINESS INFORMATION

- Fill in the name the business is known by - DBA (doing business as).
- Fill in the REQUIRED location and mailing address, city, and zip where the business is actually located; that is, the 911 address. Add the post office box if required for mail delivery.
- Check whether the cigarettes will be sold through a vending machine or over the counter.
- Fill in the 10-digit telephone number of the business.
- Check one type of retail establishment; that is, bar, convenience store-no gas, convenience-with gas, drug, gas station, grocery, hotel/motel, liquor store, restaurant, tobacco store, other. If "other," please write in type.

LEGAL OWNER INFORMATION

- Check whether the legal ownership of the business is individual, a partnership, a corporation, a Limited Liability Corporation (LLC), or a Limited Liability Partnership (LLP).
- Fill in the name of the individual, the partnership, the corporation, the LLC, or the LLP that is the legal owner of the business. This is NOT the store manager or corporate president.
- Fill in the mailing address, post office box (if required for mail delivery), city, state, zip and telephone number of the above named legal owner.
- Fill in the fax number and e-mail address of the legal owner.
- Print the name of the individual owner, 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 store manager's signature is not acceptable unless he or she is one of the owners, partners, or corporate officers.
- Return this application to your local jurisdiction: city clerk (within city limits) or county auditor (outside city limits).