



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

PLEASE TYPE OR PRINT LEGIBLY

Please mail this completed application to your local jurisdiction. If you have any 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, tobacco, alternative nicotine, or vapor products:

Business information:

Trade Name/DBA: _____

Physical Location Address: _____ City: _____ ZIP: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Business Phone Number: (____) _____

Legal Owner Information:

Type of Ownership: Sole Proprietor Partnership Corporation LLC LLP

Legal Owner: _____
(Name of sole proprietor, partnership, corporation, LLC, or LLP)

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Phone Number: (____) _____ Fax Number: (____) _____ Email: _____

Retail Information:

Types of Sales: Over-the-counter Vending machine

Does the Establishment sell vapor products/alternative nicotine products only? Yes No

Type of Establishment

Bar Convenience store/gas station Drug store Hotel/motel Liquor store

Restaurant Tobacco store Alternative nicotine/vapor store

Has vending machine that assembles cigarettes 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, PARTNER(S), OR CORPORATE OFFICIAL

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

Signature _____ Signature _____

Date _____ Date _____

FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

Amount Paid: _____
Date issued _____ New
Permit Number _____ Renewal

Please send completed/approved copy to:
Iowa Department of Commerce, Alcoholic Beverages Division
Name of Issuing City or County _____

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 30th.
- 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).