



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 \_\_\_\_\_  
Permit Number \_\_\_\_\_

New   
Renewal

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

