

APPLICATION FOR IOWA RETAIL CIGARETTE / TOBACCO PERMIT

COPY

For period July 1, 2009 through June 30, 2010

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: Hy-Vee, Inc. DBA: Hy-Vee Food store

Location Address (Must Have) 7101 University Ave, Windsor Heights, IA 50311

Mailing Address 5820 Westown Pkwy City West Des Moines Zip 50266

Type of Sales: Vending Machine Over-the-counter Telephone Number 515-279-4225

Type of Establishment:

- 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 http://www.state.ia.us/tax/business/CigTobIndex.htm and is called IOWA DIRECTORY OF CERTIFIED TOBACCO PRODUCTS MANUFACTURERS - THEIR BRANDS AND BRAND FAMILIES.

Go to http://elist.idrf.state.ia.us/scripts/wa.exe and sign up for the Cigarette/Tobacco E-list. 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: Hy-Vee, Inc

Mailing Address 5820 Westown Pkwy

City West Des Moines State Iowa Zip 50266 Phone Number (515)267-2800

Fax Number (515)267-2904

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) Kevin Reeve Name (please print):

Signature Kevin Reeve Signature

Date 5/7/09 Date

FOR OFFICE USE ONLY
Amount Paid # 75.00
Date Issued
Permit Number
ck# R09914
New
Renewal

FOR CITY CLERK, COUNTY AUDITOR ONLY
PLEASE SENT COMPLETED COPY TO THE IOWA DEPARTMENT OF PUBLIC HEALTH
Name of Issuing City or County Windsor Heights