APPLICATION FOR IOWA RETAIL CIGARETTE / TOBACCO PERMIT

For period July 1, **20** 13 **through June 30, 20** 14

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: AL Rafdeen

Location Address **(Must Have):** 6571 University Ave

Mailing Address: _____ City: Windsor heights State/Zip: IA 50324

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: Emad Anwar Abdelhasan
(Name of Individual, Partnership, Corporation, LLC, or LLP)

Mailing Address: 4957 Woodland Ave #36

City: WDM State: IA Zip: 50266 Ph. Number: 515) 419 1457

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): Emad Abdelhasan Name (please print): _____

Signature: [signature] Signature: _____

Date: 4-18-13 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 _____

70-014a (05/30/12)

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

BUSINESS INFORMATION

Name of Business/DBA: Champ+Champ LLC / DBA Wine+Spirits Gallery

Location Address **(Must Have):** 7690 Hickman Rd

Mailing Address: 7690 Hickman City: Windsor Heights State/Zip: IA 50324

Type of Sales: ☐ Vending Machine ☒ Over-the-counter Telephone Number (515) 270-8609

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 _____

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LEGAL OWNER INFORMATION

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

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

Mailing Address: 7690 Hickman

City: Windsor Heights State: IA Zip: 50324 Ph. Number: (_____) _____

Fax Number: (515) 2708613 E-mail Address: Grapes2Grain@AOL.com

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): Tom Champ Name (please print): _____

Signature: _____ Signature: _____

Date: 5-11-13 Date: _____

FOR OFFICE USE ONLY

Amount Paid: _____

Date Issued: _____ ☐ **New**

Permit #: _____ ☐ **Renewal**

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

BUSINESS INFORMATION

Name of Business/DBA: Sam's Club # 6344

Location Address **(Must Have):** 1101 73rd St. Des Moines IA. 50311

Mailing Address: 702 S.W. 8th St. City: Bentonville State/Zip: AR 72716

Type of Sales: ☐ Vending Machine ☒ Over-the-counter Telephone Number (515) 255-2252

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 Retail Sales

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LEGAL OWNER INFORMATION

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

Legal Owner: Sam's West Inc.
(Name of Individual, Partnership, Corporation, LLC, or LLP)

Mailing Address: 702 S.W. 8th St.

City: Bentonville State: AR Zip: 72716 Ph. Number: (479) 204-8805

Fax Number: (479) 204-9864 E-mail Address: Sharlene.Payne@Wal-Mart.com

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): Andrea Lazenby Name (please print): Assistant Secretary

Signature: Signature:

Date: 5/15/2013 Date:

FOR OFFICE USE ONLY

Amount Paid:

Date Issued: ☐ New

Permit #: ☐ Renewal

FOR CITY CLERK/COUNTY AUDITOR ONLY
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Name of Issuing City or County

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

BUSINESS INFORMATION

Name of Business/DBA: Hot Potato Inc / The Ridgemont

Location Address **(Must Have):** ~~3530 Westown Pkwy.~~ 7460 Hickman Rd.

Mailing Address: 2519 Countryside Pl City: WDM State/Zip: IA 50265

Type of Sales: ☐ Vending Machine ☒ Over-the-counter Telephone Number (515) 770 9434

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 _____

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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: Hot Potato Inc.
(Name of Individual, Partnership, Corporation, LLC, or LLP)

Mailing Address: 2519 Countryside Pl

City: WDM State: IA Zip: 50265 Ph. Number: (515) 770 9434

Fax Number: (___) _____ E-mail Address: the ridgemont@gmail.com

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): Sarah Cattoor Name (please print): _____

Signature: [signature] Signature: _____

Date: 5·20·13 Date: _____

FOR OFFICE USE ONLY

Amount Paid: _____

Date Issued: _____ ☐ **New**

Permit #: _____ ☐ **Renewal**

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70-014a (05/30/12)