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7/15/14

APPLICATION FOR IOWA RETAIL CIGARETTE / TOBACCO PERMIT

For period 3-4, 20 14 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 Midwest Associates Brokerage, LLC dba Ridgemont

Location Address (Must Have) 7460 Hickman Rd. Windsor Heights, Iowa 50324

Mailing Address 8101 Goodman Dr. City Urbandale Zip 50322

Type of Sales: Vending Machine Over-the-counter Telephone Number (515) 344-1125

Type of Retail 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.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 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 Midwest Associates Brokerage, LLC
(Name of Individual, Partnership, Corporation, LLC, or LLP)

Mailing Address 8101 Goodman Dr

City Urbandale State Iowa Zip 50322 Ph Number (515) 344-1125

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): Sean R. Stevens Name (please print): _____

Signature: Sean R. Stevens Signature: _____

Date 2-11-14 Date _____

FOR OFFICE USE ONLY	
Amount Paid _____	
Date Issued _____	<input type="checkbox"/> New
Permit # _____	<input type="checkbox"/> Renewal

FOR CITY CLERK/COUNTY AUDITOR ONLY
PLEASE SEND COMPLETED COPY TO THE IOWA
DEPARTMENT OF PUBLIC HEALTH

Name of Issuing City or County _____