

APPLICATION FOR IOWA RETAIL CIGARETTE / TOBACCO PERMIT

For period 07-01, 20 14 through June 30, 2015

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 Kum & Go # 4098 and tobacco products:
7229 University Ave.
BUSINESS INFORMATION Windsor Heights, IA 50311
Name of Business/DBA: _____ 515-255-0300 _____

Location Address (Must Have): _____
Mailing Address: 6400 Westown Parkway City: West Des Moines State/Zip: IA

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: Kum & Go LC
(Name of Individual, Partnership, Corporation, LLC, or LLP)

Mailing Address: 6400 Westown Parkway
City: West Des Moines State: IA Zip: 50266 Ph. Number: (515) 457-6000
Fax Number: (515) 457-0159 E-mail Address: licenses@kumandgo.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): Craig Bergstrom Name (please print): _____
Signature: *Craig Bergstrom* Signature: _____
Date: 4-21-14 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 COMMERCE, ALCOHOLIC BEVERAGE DIVISION	
Name of Issuing City or County _____	