

APPLICATION FOR IOWA RETAIL CIGARETTE TOBACCO PERMIT

For period July 1, 20 14 through June 30, 20 15

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 QuikTrip # 503

Location Address (Must Have) 7220 Hickman Rd, Windsor Heights IA 50324-4717

Mailing Address PO BOX 3475 Attn: Licensing City Tulsa, OK Zip 74101-3475

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

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 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 QuikTrip Corporation
(Name of Individual, Partnership, Corporation, LLC, or LLP)

Mailing Address PO BOX 3475 Attn: Licensing

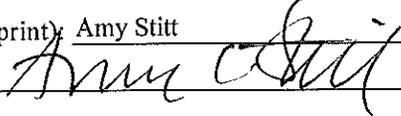
City Tulsa State OK Zip 74101-3475 Ph Number (918) 615-7700

Fax Number (918) 615-7771 E-mail Address astitt@quiktrip.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): Amy Stitt Name (please print):

Signature:  Signature:

Date 4/18/14 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 PUBLIC HEALTH

Name of Issuing City or County