

APPLICATION FOR IOWA RETAIL CIGARETTE / TOBACCO PERMIT

For period July 1, 2014 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 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 Tax Fax 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

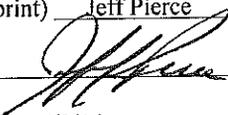
Legal Owner: Hy-Vee, Inc

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) Jeff Pierce Name (please print): _____

Signature  Signature _____

Date 5/2/14 Date _____

FOR OFFICE USE ONLY

Amount Paid _____

Date Issued _____

Permit Number _____

New

Renewal

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

Name of Issuing City or County _____