APPLICATION FOR IOWA RETAIL CIGARETTE / TOBACCO PERMIT

For period _____, 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: Midwest Associates Brokerage LLC / The Ridgemont

Location Address **(Must Have):** 7460 Hickman Rd, Windsor Heights, Ia

Mailing Address: 8101 Goodman Dr City: Urbandale State/Zip: Ia 50322

Type of Sales: ☐ Vending Machine ☑ Over-the-counter Telephone Number (515) 276-0129

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: Midwest Associates Brokerage LLC
(Name of Individual, Partnership, Corporation, LLC, or LLP)

Mailing Address: 8101 Goodman Dr

City: Urbandale State: Ia Zip: 50322 Ph. Number: (515) 249-6492

Fax Number: (___) _____ E-mail Address: dorystevens10@hotmail.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): Sean Stevens Name (please print): _____

Signature: _____ Signature: _____

Date: 5/29/2014 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)