

APPLICATION FOR IOWA RETAIL CIGARETTE / TOBACCO/NICOTINE/VAPOR PERMIT

For period JUNE 30, 2019 through June 30, 2015

PLEASE TYPE OR PRINT CLEARLY

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, tobacco, alternative nicotine, or vapor products: BUSINESS INFORMATION

Name of Name of Business/DBA: MAPLE VAPE

Location Address (Required): 7132 UNIVERSITY AVENUE WINDSOR HEIGHTS, IA

Mailing Address: 7132 UNIVERSITY AVE City: WINDSOR HEIGHTS State/Zip: 50324 50324

Type of Sales: Vending Machine Over-the-counter Telephone Number (515) 255-3022

Type of Retail Establishment: has vending machine that assembles cigarettes

- bar convenience store, with gas drug store gas station
grocery convenience store, no gas liquor store restaurant
tobacco store hotel/motel other VAPE STORE

Cigarettes must be sold at the minimum price set by the State of Iowa. Obtain a current copy from the Iowa Department of Revenue website (www.iowa.gov/tax) by clicking on forms, then click on cigarette/tobacco, and finally click on form 71-023.

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.

Check the list of approved brands (www.iowa.gov/tax/business/CigTobIndex.html) and is called IOWA DIRECTORY OF CERTIFIED TOBACCO PRODUCTS MANUFACTURERS 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 X LLP

Legal Owner: ERIK S WILSON

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

Mailing Address: 7132 UNIVERSITY UNIVERSITY

City: WINDSOR HEIGHTS State: IA Zip: 50324 Ph. Number: (515) 255 3022

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, tobacco, alternative nicotine, and vapor products.

SIGNATURE OF OWNER, PARTNER(S), OR CORPORATE OFFICIAL

Name (please print): ERIK WILSON Name (please print):

Signature: ERIK WILSON Signature:

Date: 6/30/2014 Date:

FOR OFFICE USE ONLY

Amount Paid: Date Issued: Permit #: New 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