



Iowa Department of Revenue  
<https://tax.iowa.gov>

**Iowa Retail Permit Application For  
 Cigarette/Tobacco/Nicotine/Vapor**

For period July 1, 20 15 through June 30, 20 16

**PLEASE TYPE OR PRINT LEGIBLY**

Please mail this completed application to your local jurisdiction. If you have any 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:**

Trade Name/DBA: Sam's West, Inc./Sam's Club #6344

Physical Location Address: 1101 73RD ST City: DES MOINES ZIP: 50324

Mailing Address: 702 SW 8th Street City: Bentonville State: AR ZIP: 72716-0500

Business Phone Number: ( 515 ) 255-2252

**Legal Owner Information:**

Type of Ownership: Sole Proprietor  Partnership  Corporation  LLC  LLP

Legal Owner: Sam's West, Inc.

(Name of sole proprietor, partnership, corporation, LLC, or LLP)

Mailing Address: 702 SW 8th Street City: Bentonville State: AR ZIP: 72716-0500

Phone Number: ( 479 ) 204-223 Fax Number: ( 479 ) 204-9864 Email: tara.stegall@walmart.com

**Retail Information:**

Types of Sales: Over-the-counter  Vending machine

Does the Establishment sell vapor products/alternative nicotine products only? Yes  No

**Type of Establishment**

Bar  Convenience store/gas station  Drug store  Hotel/motel  Liquor store

Restaurant  Tobacco store  Alternative nicotine/vapor store

Has vending machine that assembles cigarettes  Other  Retail

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) Andrea Lazenby Name (please print) \_\_\_\_\_

Signature *Andrea Lazenby* Signature \_\_\_\_\_

Date 5/13/2015 Date \_\_\_\_\_

**FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE**

Amount Paid: \_\_\_\_\_

Date issued \_\_\_\_\_ New

Permit Number \_\_\_\_\_ Renewal

Please send completed/approved copy to:

Iowa Department of Commerce, Alcoholic Beverages Division

Name of Issuing City or County \_\_\_\_\_