



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: Wal-Mart Stores, Inc./ Walmart #1764

Physical Location Address: 1001 73RD ST City: DES MOINES ZIP: 50324

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

Business Phone Number: (515) 274-6224

Legal Owner information:

Type of Ownership: Sole Proprietor Partnership Corporation LLC LLP

Legal Owner: Wal-Mart Stores, 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 _____