



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: Maple Vape
Physical Location Address: 7132 University Ave City: Windsor Heights ZIP: 50324
Mailing Address: 7132 University Ave City: Windsor Heights State: IA ZIP: 50324
Business Phone Number: (515) 255 3022

Legal Owner Information:

Type of Ownership: Sole Proprietor Partnership Corporation LLC LLP

Legal Owner: Maple Vape LLC
(Name of sole proprietor, partnership, corporation, LLC, or LLP)

Mailing Address: 7132 University Ave City: Windsor Heights State: IA ZIP: 50324

Phone Number: (515) 988-6773 Fax Number: () _____ Email: HerbertLGarrison@msn.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 _____

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) Herbert Garrison Name (please print) _____

Signature [Signature] Signature _____

Date 6-11-2015 Date _____

FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

Amount Paid: _____
Date issued _____
Permit Number _____

New
Renewal

Please send completed/approved copy to:
Iowa Department of Commerce, Alcoholic Beverages Division
Name of Issuing City or County: _____