



For period November 01, 2015 through June 30, 2016

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: Alshargi, Inc (Mediterranean Market)
Physical Location Address: 7128 University Ave City: windsor heights ZIP: 50324
Mailing Address: 7128 University Ave City: windsor heights State: IA ZIP: 50324
Business Phone Number: (515) 279-2464

Legal Owner Information:

Type of Ownership: Sole Proprietor Partnership Corporation LLC LLP

Legal Owner: AWS Alshargi
(Name of sole proprietor, partnership, corporation, LLC, or LLP)

Mailing Address: 7128 University Ave City: windsor heights State: IA ZIP: 50324
Phone Number: (515) 298-9646 Fax Number: () _____ Email: awsalshargi@aol.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) AWS Alshargi Name (please print) _____
Signature AWS Alshargi Signature _____
Date 11/01/15 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 _____