



SEE INSTRUCTIONS ON THE REVERSE SIDE

For period (MM/DD/YYYY) 7 / 1 / 16 through June 30, 2017

I/we apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products:

Business Information:

Trade Name/DBA: Hy-Vee Foodstore  
Physical Location Address: 7101 University Ave. City: Windsor Heights ZIP: 50311  
Mailing Address: 5820 Westown Parkway City: West Des Moines State: IA ZIP: 50266  
Business Phone Number: (515) 279-4225

Legal Ownership Information:

Type of Ownership: Sole Proprietor  Partnership  Corporation  LLC  LLP   
Name of sole proprietor, partnership, corporation, LLC, or LLP: Hy-Vee, Inc.  
Mailing Address: 5820 Westown Parkway City: West Des Moines State: IA ZIP: 50266  
Phone Number: (515) 267-2874 Fax Number: (515) 559-2467 Email: delgin@hy-vee.com

Retail Information:

Types of Sales: Over-the-counter  Vending machine   
Types of Products Sold: (Check all that apply)  
Cigarettes  Tobacco  Alternative Nicotine Products  Vapor Products

Type of Establishment: (Select the option that best describes the establishment)

Alternative nicotine/vapor store  Bar  Convenience store/gas station  Drug store   
Grocery store  Hotel/motel  Liquor store  Restaurant  Tobacco 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(S), PARTNER(S), OR CORPORATE OFFICIAL(S)

Name (please print): Jeff Pierce Name (please print): \_\_\_\_\_  
Signature: [Signature] Signature: \_\_\_\_\_  
Date: 4/14/16 Date: \_\_\_\_\_

Send this completed application and the applicable fee to your local jurisdiction. If you have any questions contact your city clerk (within city limits) or your county auditor (outside city limits).

FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

- Fill in the amount paid for the permit: \_\_\_\_\_
- Fill in the date the permit was approved by the council or board: \_\_\_\_\_
- Fill in the permit number issued by the city/county: \_\_\_\_\_
- Fill in the name of the city or county issuing the permit: \_\_\_\_\_

Send completed/approved application to Iowa Alcoholic Beverages Division within 30 days of issuance. Make sure the information on the application is complete and accurate. A copy of the permit does not need to be sent; only the application is required. It is preferred that applications are sent via email, as this allows for a receipt confirmation to be sent to the local authority.

- Email: [iapledge@iowaabd.com](mailto:iapledge@iowaabd.com)
- Fax: 515-281-7375



SEE INSTRUCTIONS ON THE REVERSE SIDE

For period (MM/DD/YYYY) 07 / 01 / 2016 through June 30, 2017

I/we apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products:

**Business Information:**

Trade Name/DBA: Kum & Go # 4098  
Physical Location Address: 7229 University Ave. City: Windsor Heights ZIP: 50324-1331  
Mailing Address: 6400 Westown Parkway City: West Des Moines State: IA ZIP: 50266  
Business Phone Number: (515) 279-0568

**Legal Ownership Information:**

Type of Ownership: Sole Proprietor  Partnership  Corporation  LLC  LLP   
Name of sole proprietor, partnership, corporation, LLC, or LLP: Kum & Go LC  
Mailing Address: 6400 Westown Parkway City: West Des Moines State: IA ZIP: 50266  
Phone Number: (515) 457-6000 Fax Number: (515) 457-0124 Email: licenses@kumandgo.com

**Retail Information:**

Types of Sales: Over-the-counter  Vending machine   
Types of Products Sold: (Check all that apply)  
Cigarettes  Tobacco  Alternative Nicotine Products  Vapor Products

**Type of Establishment: (Select the option that best describes the establishment)**

Alternative nicotine/vapor store  Bar  Convenience store/gas station  Drug store   
Grocery store  Hotel/motel  Liquor store  Restaurant  Tobacco 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(S), PARTNER(S), OR CORPORATE OFFICIAL(S)**

Name (please print) Craig Bergstrom Name (please print): \_\_\_\_\_  
Signature: *Craig Bergstrom* Signature: \_\_\_\_\_  
Date: 04/21/2016 Date: \_\_\_\_\_

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For period (MM/DD/YYYY) 7 / 1 / 2016 through June 30, 2017

I/we apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products:

**Business Information:**

Trade Name/DBA: QuikTrip #503

Physical Location Address: 7220 Hickman Rd City: Windsor Heights ZIP: 50324-4717

Mailing Address: PO Box 3475 Attn: Licensing City: Tulsa State: OK ZIP: 74101-3475

Business Phone Number: (515) 331-8936

**Legal Ownership Information:**

Type of Ownership: Sole Proprietor  Partnership  Corporation  LLC  LLP

Name of sole proprietor, partnership, corporation, LLC, or LLP: QuikTrip Corporation

Mailing Address: PO Box 3475 Attn: Licensing City: Tulsa State: OK ZIP: 74101-3475

Phone Number: (918) 615-7700 Fax Number: (918) 615-7444 Email: dist-taxaccounting@quiktrip.com

**Retail Information:**

Types of Sales: Over-the-counter  Vending machine

Types of Products Sold: (Check all that apply)

Cigarettes  Tobacco  Alternative Nicotine Products  Vapor Products

**Type of Establishment: (Select the option that best describes the establishment)**

Alternative nicotine/vapor store  Bar   Convenience store/gas station  Drug store   
 Grocery store  Hotel/motel  Liquor store  Restaurant  Tobacco 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(S), PARTNER(S), OR CORPORATE OFFICIAL(S)**

Name (please print): Jim Brown Jr

Name (please print): \_\_\_\_\_

Signature: [Signature]

Signature: \_\_\_\_\_

Date: 4/14/2016

Date: \_\_\_\_\_

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- Fill in the permit number issued by the city/county: \_\_\_\_\_
- Fill in the name of the city or county issuing the permit: City of Windsor Heights

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For period (MM/DD/YYYY) 07/01/2016 through June 30, 2017

I/we apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products:

Business Information:

Trade Name/DBA: Maple Vape  
Physical Location Address: 6555 University Ave City: Windsor Heights ZIP: 50324  
Mailing Address: 6555 University Ave City: Windsor Heights State: IA ZIP: 50324  
Business Phone Number: (515) 255-3022

Legal Ownership Information:

Type of Ownership: Sole Proprietor  Partnership  Corporation  LLC  LLP   
Name of sole proprietor, partnership, corporation, LLC, or LLP: Maple Vape LLC  
Mailing Address: 6555 University Ave City: Windsor Heights State: IA ZIP: 50324  
Phone Number: (515) 255-3022 - Fax Number: ( ) \_\_\_\_\_ Email: Maple Vape Lounge @gmail.com

Retail Information:

Types of Sales: Over-the-counter  Vending machine   
Types of Products Sold: (Check all that apply)  
Cigarettes  Tobacco  Alternative Nicotine Products  Vapor Products

Type of Establishment: (Select the option that best describes the establishment)

Alternative nicotine/vapor store  Bar  Convenience store/gas station  Drug store   
Grocery store  Hotel/motel  Liquor store  Restaurant  Tobacco 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(S), PARTNER(S), OR CORPORATE OFFICIAL(S)

Name (please print): Erik Wilson Name (please print): \_\_\_\_\_  
Signature: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: 4/25/15 Date: \_\_\_\_\_

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- Fill in the name of the city or county issuing the permit: \_\_\_\_\_

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For period (MM/DD/YYYY) 07/01/2016 through June 30, 2017

I/we apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products:

Business Information:

Trade Name/DBA: Champ & Champ LLC PBA Wine & Sports Gallery  
Physical Location Address: 7690 Hickman City: Windsor Heights ZIP: 50324  
Mailing Address: Same City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Business Phone Number: (515) 270 8609

Legal Ownership Information:

Type of Ownership: Sole Proprietor  Partnership  Corporation  LLC  LLP   
Name of sole proprietor, partnership, corporation, LLC, or LLP: Champ & Champ LLC  
Mailing Address: 7690 Hickman City: Windsor Heights State: IA ZIP: 50324  
Phone Number: (515) 270 8609 Fax Number: (515) 270 8015 Email: \_\_\_\_\_

Retail Information:

Types of Sales: Over-the-counter  Vending machine   
Types of Products Sold: (Check all that apply)  
Cigarettes  Tobacco  Alternative Nicotine Products  Vapor Products

Type of Establishment: (Select the option that best describes the establishment)

Alternative nicotine/vapor store  Bar  Convenience store/gas station  Drug store   
Grocery store  Hotel/motel  Liquor store  Restaurant  Tobacco 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(S), PARTNER(S), OR CORPORATE OFFICIAL(S)

Name (please print): Tom Champ Name (please print): \_\_\_\_\_  
Signature: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: 5-7-16 Date: \_\_\_\_\_

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FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

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For period (MM/DD/YYYY) 07 / 01 / 2016 through June 30, 2017

I/we apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products:

Business Information:

Trade Name/DBA: Wal-Mart Store's Inc. / DBA Walmart #1764  
Physical Location Address: 1001 73rd St, City: Des Moines, IA ZIP: 50324  
Mailing Address: 508 SW 8th St, Dept. 8916 City: Bentonville State: AR ZIP: 72716-0500  
Business Phone Number: (515) 274-6224

Legal Ownership Information:

Type of Ownership: Sole Proprietor  Partnership  Corporation  LLC  LLP   
Name of sole proprietor, partnership, corporation, LLC, or LLP: Wal-Mart Stores, Inc.  
Mailing Address: 702 SW 8th St. City: Bentonville State: AR ZIP: 72716  
Phone Number: (479) 277-0270 Fax Number: (479) 201-9804 Email: Cynthia.montero@walmart.com

Retail Information:

Types of Sales: Over-the-counter  Vending machine   
Types of Products Sold: (Check all that apply)  
Cigarettes  Tobacco  Alternative Nicotine Products  Vapor Products

Type of Establishment: (Select the option that best describes the establishment)

Alternative nicotine/vapor store  Bar  Convenience store/gas station  Drug store   
Grocery store  Hotel/motel  Liquor store  Restaurant  Tobacco 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(S), PARTNER(S), OR CORPORATE OFFICIAL(S)

Name (please print): Andrea Lazenby Name (please print): \_\_\_\_\_  
Signature: [Signature] Signature: \_\_\_\_\_  
Date: 5/5/16 Date: \_\_\_\_\_

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SEE INSTRUCTIONS ON THE REVERSE SIDE

For period (MM/DD/YYYY) 06 / 30 / 2016 through June 30, 2017

I/we apply 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: 508 SW 8th St. Dept 8916 City: Bentonville State: AR ZIP: 72716-0500  
Business Phone Number: (515) 255-2252

Legal Ownership Information:

Type of Ownership: Sole Proprietor  Partnership  Corporation  LLC  LLP   
Name of sole proprietor, partnership, corporation, LLC, or LLP: Sam's West, Inc.  
Mailing Address: 702 SW 8th St. City: Bentonville State: AR ZIP: 72716-0500  
Phone Number: (479) 277-0270 Fax Number: (479) 204-9864 Email: Cynthia.Montem@walmart.com

Retail Information:

Types of Sales: Over-the-counter  Vending machine   
Types of Products Sold: (Check all that apply)  
Cigarettes  Tobacco  Alternative Nicotine Products  Vapor Products

Type of Establishment: (Select the option that best describes the establishment)

Alternative nicotine/vapor store  Bar  Convenience store/gas station  Drug store   
Grocery store  Hotel/motel  Liquor store  Restaurant  Tobacco 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(S), PARTNER(S), OR CORPORATE OFFICIAL(S)

Name (please print): Andrea Lazenby Name (please print): \_\_\_\_\_  
Signature: [Signature] Signature: \_\_\_\_\_  
Date: 5/5/16 Date: \_\_\_\_\_

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FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

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