



For period 8/1, 2016 through June 30, 2017

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 Ultra Lounge
Physical Location Address: 6555 University Ave City: Windsor Heights ZIP: 50324
Mailing Address: _____ City: _____ State: _____ ZIP: _____
Business Phone Number: (515) 255-6912

Legal Owner Information:

Type of Ownership: Sole Proprietor Partnership Corporation LLC LLP
Legal Owner: Samantha Maple MAPLE VAPE ULTRA LOUNGE LLC
(Name of sole proprietor, partnership, corporation, LLC, or LLP)
Mailing Address: 6555 University Ave City: Windsor Heights State: IA ZIP: 50324
Phone Number: (515) 720-2691 Fax Number: () _____ Email: SammyMaple4@gmail.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 Sell vape right now! Plan on selling cigarettes in future
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) Samantha Maple Name (please print) _____
Signature [Signature] Signature _____
Date _____ Date _____

FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

Amount Paid: _____ Please send completed/approved copy to:
Date issued _____ New Iowa Department of Commerce, Alcoholic Beverages Division
Permit Number _____ Renewal Name of Issuing City or County _____