



SEE INSTRUCTIONS ON THE REVERSE SIDE

For period (MM/DD/YYYY) ____/____/____ through June 30, ____

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

Business Information:

Trade Name/DBA: ALSHARQI INC / MEDITERRANEAN MARKET
 Physical Location Address: 7128 UNIVERSITY AVE City: WINDSOR HEIGHTS ZIP: 50324
 Mailing Address: SAME AS ABOVE City: _____ State: _____ ZIP: _____
 Business Phone Number: (515) 298-9646

Legal Ownership Information:

Type of Ownership: Sole Proprietor Partnership Corporation LLC LLP
 Name of sole proprietor, partnership, corporation, LLC, or LLP: _____
 Mailing Address: SAME AS ABOVE City: _____ State: _____ ZIP: _____
 Phone Number: (____) _____ Fax Number: (____) _____ 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): ANUS ALSHARQI Name (please print): _____
 Signature: [Signature] Signature: _____
 Date: 10/04/2016 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
- Fax: 515-281-7375