



# VIII. Compliance Check Form FY 2016

Retailer: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

<p><b>RESULTS</b> (check one):</p> <p><input type="checkbox"/> <b>Compliant</b></p> <p><input type="checkbox"/> <b>Non-Compliant</b></p> <p><input type="checkbox"/> <b>Unable to Complete</b> (Not Applicable)</p> <p>Date Checked: _____</p> <p>Time Checked: _____</p> <p>Clerk Information: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>(NAME ONLY REQUIRED IF NON-COMPLIANT):</p> <p>First Name: _____ Middle Initial: _____</p> <p>Last Name: _____ Case #: _____</p> <p><input type="checkbox"/> I have issued a criminal citation to the clerk listed above for selling tobacco, alternative nicotine or vapor products to a person under age eighteen. <i>Iowa Code § 453A.2(1).</i></p>	<p><i>If Unable to Complete the Compliance Check</i> (check one)</p> <p><input type="checkbox"/> Establishment has a <b>VALID PERMIT</b> but <b>Does Not Sell Tobacco, Alternative Nicotine or Vapor Products.</b> - Permit Status Verified by City Clerk or County Auditor</p> <p><input type="checkbox"/> Establishment <b>No Longer Holds a Valid Tobacco, Alternative Nicotine or Vapor Product Permit</b></p> <p><input type="checkbox"/> Establishment is <b>Out of Business</b></p> <p><input type="checkbox"/> Establishment is designated as an <b>"Unsatisfactory Condition"</b> - "Unsatisfactory Condition" verified by ABD Investigator - Officer Conducted a Walk-Through of the Premises (Explanation Required in Comments Section Below)</p> <p>▶ If none of the above reasons apply, write reason and explanation on the back of the form—see page 4 for reason list.</p>
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(NOTE: If the compliance check result is Non-Compliant, a citation must be issued before your department may receive payment.)

## OFFICER INFORMATION (OFFICER THAT CONDUCTED COMPLIANCE CHECK):

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Badge: \_\_\_\_\_ Department: \_\_\_\_\_

## CONFIDENTIAL INFORMANT (CI):

CI Age:  16  17 CI Gender:  Male  Female CI Number:     (Last 4 digits of CI's ID)

CI Ethnicity:  White  Asian  African American  Native American  Hispanic  Other

## RESULTS OF ATTEMPTED PURCHASE:

Attempted Purchase Item:  Cigarettes  Smokeless Tobacco  Other Tobacco Product

Alternative Nicotine  Vapor Product

Age Requested?  YES  NO

ID Requested?  YES  NO

## COMMENTS:

Officer Signature

**\$50**  
Amount Due