



Terry E. Branstad *Governor of Iowa*
Kim Reynolds *Lieutenant Governor*
Stephen Larson *Administrator*

March 16, 2016

City Clerks and County Auditors,

As renewal time approaches for tobacco/alternative nicotine/vapor permits, please ensure retailers are submitting applications on application form 70-014 (03/15/2016). A copy of the application form can be found on the following page. Moving forward, fiscal year 2017 applications will only be accepted on form 70-014 (03/15/2016).

Please ensure copies of all approved applications are sent to Iowa Alcoholic Beverages Division (ABD) within 30 days of issuance. It is best to email applications to iapledge@iowaabd.com if possible, as this allows ABD to confirm receipt. However, applications can also be submitted via fax and mail. The fax number and mailing address are included below. If a retailer has a vending machine, a copy of the application also needs to be sent to the Iowa Department of Revenue (IDR) at IDRCigarette@iowa.gov.

In addition to the new application form, a few other items need to be addressed to ensure that the permit applications are being filled out and submitted correctly.

- Send copies of completed/approved ***applications only***. ABD does not need copies of permits.
- Ensure all sections of the application are complete and accurate. This includes the “FOR CITY CLERK/COUNTY AUDITOR ONLY” section.
- In addition to submitting new and renewal permit applications, please also send a list of all those retailers that did not renew or have closed.
- If a permit is cancelled or a new permit is issued at any time during the year please notify ABD within 30 days, do not wait until renewal time.

QUESTIONS ABOUT THE SUBMISSION OF AN APPLICATION

Iowa Alcoholic Beverages Division
iapledge@iowaabd.com or 515-281-7434

QUESTIONS ABOUT THE APPLICATION OR PERMIT

Iowa Department of Revenue
IDRCigarette@iowa.gov or 515-281-6134

If you are not the person that handles the tobacco/alternative nicotine/vapor permits within your department, please forward to the appropriate person. ABD appreciates your assistance as we try to maintain an accurate tobacco/alternative nicotine/vapor permit database.

Sincerely,

Jessica Ekman
Tobacco Program Coordinator
Iowa Alcoholic Beverages Division

Email: iapledge@iowaabd.com
Mail: Iowa Alcoholic Beverages Division
Attention: Tobacco Enforcement
1918 SE Hulsizer
Ankeny, IA 50021
Fax: 515-281-7375



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: _____

Physical Location Address: _____ City: _____ ZIP: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Business Phone Number: (____) _____

Legal Ownership Information:

Type of Ownership: Sole Proprietor Partnership Corporation LLC LLP

Name of sole proprietor, partnership, corporation, LLC, or LLP: _____

Mailing Address: _____ 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): _____ Name (please print): _____

Signature: _____ Signature: _____

Date: _____ 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

GENERAL INSTRUCTIONS

FOR IOWA RETAIL CIGARETTE/TOBACCO/NICOTINE/VAPOR PERMIT APPLICATION

- Fill in the month, day, and year that this application covers.
- All permits expire annually on June 30th.
- A new application must be submitted every year.
- All items must be completed.
- A permit will not be issued until the application is properly completed and approved.

BUSINESS INFORMATION

- Fill in the trade name/DBA of the business.
- Fill in the physical location address, city, and ZIP that matches the 911 address.
- Fill in the mailing address or PO Box, city, and ZIP.
- Fill in the 10-digit telephone number of the business.

LEGAL OWNERSHIP INFORMATION

- Check the legal ownership type of the business.
- Fill in the name(s) of the sole proprietor, partnership, the corporation, the LLC, or the LLP that is the legal owner of the business. This is not the store manager or the corporate president. Do not fill in the name of a person unless the type of ownership is sole proprietor.
- Fill in the 10-digit telephone number, fax number, and email address of the legal owner.

RETAIL INFORMATION

- Check the box for the type of sales at the business.
- Check the types of products sold at the business.
- Check the box that best describes the type of business establishment.
- Print the name of the sole proprietor, partner(s) or corporate official signing this application.
- Sign and date the application. The application must be signed by the owner, one of the partners, or one of the corporate officers listed above. A preparer's or store manager's signature is not acceptable.
- Return this application and fee to your local jurisdiction: city clerk (within city limits) or county auditor (outside of city limits).

FOR CITY CLERK/COUNTY AUDITOR ONLY

- Send completed/approved applications within 30 days of issuance to:

Email: japledge@iowaabd.com

Fax: 515-281-7375

Visit the Iowa Department of Revenue at <https://tax.iowa.gov> to find information regarding minimum price, a list of approved brands, a list of licensed distributors, and answers to frequently asked questions.

All retailers need to sign up for the cigarette/tobacco elist (Listserv).