



# VIII. Compliance Check Form

## FY 2022

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

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

<b>RESULTS</b> (check one): <input type="checkbox"/> <b>Compliant</b> <input type="checkbox"/> <b>Non-Compliant</b> <input type="checkbox"/> <b>Unable to Complete</b> <small>(Not Applicable)</small> <b>Date Checked:</b> _____ <b>Time Checked:</b> _____ <b>Clerk Information:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <small>(NAME ONLY REQUIRED IF NON-COMPLIANT):</small> <b>First Name:</b> _____ <b>Middle Initial:</b> _____ <b>Last Name:</b> _____ <b>Case #:</b> _____ <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 twenty-one. <i>Iowa Code § 453A.2(1).</i>	<b>If Unable to Complete the Compliance Check</b> (check one) <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 <input type="checkbox"/> Establishment <b>No Longer Holds a Valid Tobacco, Alternative Nicotine or Vapor Product Permit</b> <input type="checkbox"/> Establishment is <b>Out of Business</b> <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 <i>(Explanation Required in Comments Section Below)</i> ▶ If none of the above reasons apply, write reason and explanation on the back of the form—see page 4 for reason list.
--	--

(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  18  19  20

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

CI Race:  Black  American Indian/ Alaskan Native  Asian/ Pacific Islander  White  Unknown

CI Ethnicity:  Not of Hispanic Origin  Hispanic Origin  Unknown

### RESULTS OF ATTEMPTED PURCHASE:

Attempted Purchase Item:  Cigarettes  Smokeless Tobacco  Other Tobacco Product

Vapor Product  Alternative Nicotine Product

Age Requested?  YES  NO

ID Requested?  YES  NO

### COMMENTS:

Officer Signature \_\_\_\_\_

**\$75**