### VIII. Compliance Check Form

**FY 2022**

Retailer: ___________________________ Address: ___________________________

City: ___________________________ State: _______ ZIP: ______________

<table>
<thead>
<tr>
<th>RESULTS (check one):</th>
<th>Compliant</th>
<th>□ Non-Compliant</th>
<th>□ Unable to Complete (Not Applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Checked: _________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time Checked: _________</td>
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</tbody>
</table>

**If Unable to Complete the Compliance Check (check one):**

- □ Establishment has a VALID PERMIT but Does Not Sell Tobacco, Alternative Nicotine or Vapor Products.
- Permit Status Verified by City Clerk or County Auditor
- □ Establishment No Longer Holds a Valid Tobacco, Alternative Nicotine or Vapor Product Permit
- □ Establishment is Out of Business
- □ Establishment is designated as an “Unsatisfactory Condition”
  - “Unsatisfactory Condition” verified by ABD Investigator
  - Officer Conducted a Walk-Through of the Premises
  (Explanation Required in Comments Section Below)
- ► If none of the above reasons apply, write reason and explanation on the back of the form—see page 4 for reason list.

**Clerk Information:** □ Male □ Female

(NAME ONLY REQUIRED IF NON-COMPLIANT):

First Name: ___________ Middle Initial: _______ Last Name: ___________

Case #: ___________

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. *Iowa Code § 453A.2(1).*

(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