Iowa Department of Revenue
https://tax.iowa.gov

Iowa Retail Permit Application For Cigarette/Tobacco/Nicotine/Vapor

SEE INSTRUCTIONS ON THE REVERSE SIDE

For period (MM/DD/YYYY) July / 1 / 2016 through June 30, 2017

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

Business Information:

Trade Name/DBA: Big 10 Mart # 19

Physical Location Address: 1225 Bayson Rd. City: Hiawatha ZIP: 52233

Mailing Address: PO Box 1540 City: Dubuque State: IA ZIP: 52004

Business Phone Number: (319) 294-2921

Legal Ownership Information:

Type of Ownership: Sole Proprietor ☐ Partnership ☐ Corporation ☒ LLC ☐ LLP ☐

Name of sole proprietor, partnership, corporation, LLC, or LLP: Molo Oil Co.

Mailing Address: PO Box 1540 City: Dubuque State: IA ZIP: 52004

Phone Number: (563) 557-7540 Fax Number: (563) 557-9632 Email: MKrantz@MoloCompanies.c

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): Michael Krantz
Signature: Michael Krantz
Date: 5-26-16

Name (please print): _____
Signature: _____
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

Iowa Department of Revenue
https://tax.iowa.gov

Iowa Retail Permit Application For Cigarette/Tobacco/Nicotine/Vapor

SEE INSTRUCTIONS ON THE REVERSE SIDE

For period (MM/DD/YYYY) 7 / 1 / 16 through June 30, 17

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

Business Information:

Trade Name/DBA: S & A PETROLEUM LLC (QUICK MART

Physical Location Address: 655 ROBINS City: HIAWATHA ZIP: 52233

Mailing Address: Same City: State: ZIP:

Business Phone Number: (319) 393-0486

Legal Ownership Information:

Type of Ownership: Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC ☒ LLP ☐

Name of sole proprietor, partnership, corporation, LLC, or LLP: S & A PETROLEUM LLC

Mailing Address: 655 ROBINS RD City: HIAWATHA State: IA ZIP: 52233

Phone Number: (319) 393-0486 Fax Number: ( ) Email: QUICKMARTCSTORE@gmail.com

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): ARIF RAFIQ
Signature: Arif Rafiq
Date: 5-4-2016

Name (please print):
Signature:
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).

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- Fill in the name of the city or county issuing the permit:

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Iowa Retail Permit Application For Cigarette/Tobacco/Nicotine/Vapor

SEE INSTRUCTIONS ON THE REVERSE SIDE

For period (MM/DD/YYYY) 07/01/2016 through June 30, 2017

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

Business Information:

Trade Name/DBA: Hawkeye Convenience Stores

Physical Location Address: 975 Robins Rd City: Hiawatha ZIP: 52233

Mailing Address: PO Box 5160 City: Coralville State: IA ZIP: 52241

Business Phone Number: (319) 393-6310

Legal Ownership Information:

Type of Ownership: Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC ☒ LLP ☐

Name of sole proprietor, partnership, corporation, LLC, or LLP: Petroleum Services Company LLC

Mailing Address: PO Box 5160 City: Coralville State: IA ZIP: 52241

Phone Number: (319) 351-6498 Fax Number: (319) 338-8510 Email: sgloede@pscdlc.com

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): Scott Gloede
Signature: Scott L Gloede
Date: 5/16/2016

Name (please print): _____
Signature: _____
Date: _____

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- Fax: 515-281-7375

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Iowa Retail Permit Application For Cigarette/Tobacco/Nicotine/Vapor

SEE INSTRUCTIONS ON THE REVERSE SIDE

For period (MM/DD/YYYY) 07 / 01 / 2016 through June 30, 2016.

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

Business Information:

Trade Name/DBA: KWIK SHOP # 568

Physical Location Address: 301 East BLAIRS FERRY City: HIAWATHA ZIP: 52233

Mailing Address: PO BOX 305103 City: NASHVILLE State: TN ZIP: 37230-5103

Business Phone Number: (319) 393-6934

Legal Ownership Information:

Type of Ownership: Sole Proprietor ☐ Partnership ☐ Corporation ☑ LLC ☐ LLP ☐

Name of sole proprietor, partnership, corporation, LLC, or LLP: KWIK SHOP, INC

Mailing Address: 8942 BLONDO City: OMAHA State: NE ZIP: 68134

Phone Number: (402) 391-1808 Fax Number: (____) _____ Email: business.license@kroger.com

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): TODD A. GIBSON Name (please print): _____

Signature: Todd A Gibson Signature: _____

Date: 5-5-16 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

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- Fill in the name of the city or county issuing the permit: _____

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Iowa Retail Permit Application For Cigarette/Tobacco/Nicotine/Vapor

SEE INSTRUCTIONS ON THE REVERSE SIDE

For period (MM/DD/YYYY) 07 / 01 / 2016 through June 30, 2017

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

Business Information:

Trade Name/DBA: CASEY'S MARKETING COMPANY, DBA CASEY'S GENERAL STORE # 2764

Physical Location Address: 780 N CENTER POINT RD City: HIAWATHA ZIP: 52233

Mailing Address: PO BOX 3001 City: ANKENY State: IA ZIP: 50021

Business Phone Number: (_____) 3193959711

Legal Ownership Information:

Type of Ownership: Sole Proprietor ☐ Partnership ☐ Corporation ■ LLC ☐ LLP ☐

Name of sole proprietor, partnership, corporation, LLC, or LLP: CASEY'S MARKETING COMPANY

Mailing Address: PO BOX 3001 City: ANKENY State: IA ZIP: 50021

Phone Number: (515) 446-6728 Fax Number: (515) 965-6205 Email: MICHELLE.ROGNESS@CASEY'S.COM

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): JULIA L. JACKOWSKI, SECRETARY FOR CASEY'S MARKETING CO.
Signature: Julia L. Jackowski
Date: 5/2/2016

Name (please print): _____
Signature: _____
Date: _____

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FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

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Iowa Retail Permit Application For Cigarette/Tobacco/Nicotine/Vapor

SEE INSTRUCTIONS ON THE REVERSE SIDE

For period (MM/DD/YYYY) 07/01/2016 through June 30, 2017

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

Business Information:

Trade Name/DBA: RIVER RAT VAPES, LLC

Physical Location Address: 320 A EAST BLAIRS FERRY RD City: HIAWATHA ZIP: 52233

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

Business Phone Number: (319) 242-7527

Legal Ownership Information:

Type of Ownership: Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC ☒ LLP ☐

Name of sole proprietor, partnership, corporation, LLC, or LLP: RIVER RAT VAPES, LLC

Mailing Address: 320 A BLAIRS FERRY RD City: HIAWATHA State: IA ZIP: 52233

Phone Number: (319) 242-7527 Fax Number: (____) _____ Email: dan@riverratvapes.com

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): DANIEL J ABBOTT
Signature: Daniel J Abbott
Date: 5-14-16

Name (please print): Sharon K Abbott
Signature: Sharon K Abbott
Date: 5/15/16

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

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- Email: iapledge@iowaabd.com
- Fax: 515-281-7375

Iowa Department of Revenue
https://tax.iowa.gov

Iowa Retail Permit Application For Cigarette/Tobacco/Nicotine/Vapor

SEE INSTRUCTIONS ON THE REVERSE SIDE

For period (MM/DD/YYYY) 07/01/2016 through June 30, 2017

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

Business Information:

Trade Name/DBA: Fareway Stores, Inc. # 055

Physical Location Address: 885 Miller Road City: HIAWATHA ZIP: 52351

Mailing Address: 885 Miller Road City: HIAWATHA State: IA ZIP: 52351

Business Phone Number: (319) 378-1072

Legal Ownership Information:

Type of Ownership: Sole Proprietor ☐ Partnership ☐ Corporation ☒ LLC ☐ LLP ☐

Name of sole proprietor, partnership, corporation, LLC, or LLP: Fareway Stores, Inc.

Mailing Address: PO Box 70 City: Boone State: IA ZIP: 50036

Phone Number: (515) 433-5336 Fax Number: (515) 433-4416 Email: twilson@farewaystores.com

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: Frederick R. Greiner Name:

Signature: Frederick R. Greiner Signature: _____

Date: May 20, 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

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