Iowa Department of REVENUE

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

tax.iowa.gov

10-10-23

Instructions on the reverse side

For period (MM/DD/YYYY) 9-~~/22/23~~ through June 30, 2024

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

Business Information:

Trade name/Doing business as: Vapeology smoke shop LLC

Physical location address: 1531 2nd Ave City: Council Bluffs ZIP: 51501

Mailing address: 4891 S St City: Omaha State: Ne ZIP: 68117

Business phone number: 4026869822

Legal Ownership Information:

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

Name of sole proprietor, partnership, corporation, LLC, or LLP Abdulmalek Nagi

Mailing address: 4891 S St City: Omaha State: Ne ZIP 68117

Phone number: 4026869822 Fax number: _____ Email: _____

Retail Information:

Types of Sales: Over-the-counter ☑ Vending machine ☐

Do you make delivery sales of alternative nicotine or vapor products? (See Instructions) Yes ☐ No ☐

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): Abdulmalek Nagi

Signature: A. N.

Date: 9-25-2023

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: _____
- New ☐ Renewal ☐

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

Back to Dashboard (/Dashboard)

Certificate of Organization - LLC

Information

CODE 489 DOMESTIC LIMITED LIABILITY COMPANY
Chapter

Vapeology Smoke Shop LLC
Name of Entity

Effective Date and Time

Expiration Date
The default duration is perpetual unless a date & time are entered.

Vapeology-Smoke-Shop-LLC.pdf (/Uploads?r=TmM3OHA1SUtzMWxwUWxqWUg4d0F1emZvUnhZK0lKQkFwOXBGV2tMV3JqaTFOUHJyQnNsVTFUVk5PY2JvNlBSRlg4UDFVZ3lVbjRuVDFlLzVjSlJTMXc9PQ%3D%3D)
Upload your Certificate of Organization in PDF

No
Does the limited liability company hold an interest in agricultural land in Iowa?

Registered Agent and Registered Office Address

Abdulmalek Nagi
Full Name

1531 2ND Ave
Address1

Address2

Council Bluffs
City

IA	51501	USA
State	Zip	Country

hbmanagement-services@outlook.com
Email Address

Principal office

1531 2ND Ave
Address1

Address2

Council Bluffs
City

IA	51501	USA
State	Zip	Country

Signature(s)

Abdulmalek Nagi	09/22/2023 16:29:12
Organizer	Date

First Floor • Lucas Building
321 E. 12th St
Des Moines, IA 50319

Website: **sos.iowa.gov (https://sos.iowa.gov/)**
Email: **ftf@sos.iowa.gov (mailto:help@sos.iowa.gov)**
Phone: **1-888-767-8683 (tel:1-888-767-8683)**

State of Iowa • Secretary of State

Certificate of Organization

of Vapeology Smoke Shop LLC

Pursuant to the Revised Uniform Limited Liability Company Act, Chapter 489 of the Code of Iowa, the undersigned Organizer does hereby adopt the following Certificate of Organization for the company.

Effective Date: This limited liability company shall be effective upon filing with the Secretary of State unless a specified effective date is entered here: _____.

Expiration Date: The expiration date of this limited liability company is perpetual unless a dissolution date is stated here: _____.

Article 1. The name of the limited liability company is:

Vapeology Smoke Shop LLC

- Must contain the words "Limited Liability Company" or "Limited Company", or the abbreviation "L.L.C.", "LLC", "L.C.", or "LC".
- "Limited" may be abbreviated as "Ltd.", and "Company" may be abbreviated as "Co."

Article 2. The street address of the company's initial Registered Office and the name of the company's initial Registered Agent at that office is:

Abdulmalek Nagi

(Name of initial registered agent)

1531 2ND Ave

(Street address of initial registered office. Must be a physical street address located in Iowa. PO Boxes are not allowed.)

Council Bluffs (City) | Iowa (State) | 51501 (Zip)

Article 3. The street address of the company's Initial Principal Business Office is:

1531 2ND Ave

(Street address of initial principal business office)

Council Bluffs (City) | IA (State) | 51501 (Zip)

IN WITNESS WHEREOF, the undersigned Organizer has executed this Certificate of Organization on the date below.

Date: 09/22/2023

A. M. Nag

(Signature)

(Name and Title)

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 09-22-2023

Employer Identification Number:
93-3560284

Form: SS-4

Number of this notice: CP 575 G

VAPEOLOGY SMOKE SHOP LLC
ABDULMALEK NAGI SOLE MBR
4891 F ST
OMAHA, NE 68117

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 93-3560284. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

(IRS USE ONLY) 575G 09-22-2023 VAPE O 9999999999 SS-4

IMPORTANT REMINDERS:

* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.

* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.

* Refer to this EIN on your tax-related correspondence and documents.

* Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is VAPE. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, Safeguarding Taxpayer Data: A Guide for Your Business.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.

Keep this part for your records. CP 575 G (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 G

9999999999

Your Telephone Number ( ) -

Best Time to Call

DATE OF THIS NOTICE: 09-22-2023
EMPLOYER IDENTIFICATION NUMBER: 93-3560284
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

VAPEOLOGY SMOKE SHOP LLC
ABDULMALEK NAGI SOLE MBR
4891 F ST
OMAHA, NE 68117