IOWA
Department of Revenue

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

tax.iowa.gov

Additional instructions are on the final page.

For period (MM/DD/YYYY) 07 / 02 / 2024 through 06/30/ 2025

Use this form to apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products at retail. If you need a different, non-retail cigarette or tobacco permit, use form 70-015. If approved, the permit is only valid for the location listed on the permit. You must obtain a separate retail permit for each location you own or operate.

Business Information:

Legal name/Doing business as (DBA): Council Bluffs sinclair

Iowa sales and use tax account number: 1-78-025713

Retail address: 1305 N 25th St, City: Council Bluffs State: IA ZIP: 51501

Mailing address: 1305 N 25th St, City: Council Bluffs State: IA ZIP: 51501

Phone: 712-490-1210

Legal Ownership Information:

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

Name of sole proprietor, partnership, corporation, LLC, or LLP: Shiv Shakti LLC

Primary office address: 1305 N 25th St City: Council Bluffs State: IA ZIP: 51501

Phone: 712-490-1210 Fax: — Email: maulin.patel93@gmail.com

Retail Information:

Types of Sales: Over-the-counter ☑ Vending machine ☐ Vending machine that assembles cigarettes ☐ Delivery sales of alternative nicotine/vapor products (see instructions) ☐

Mobile sales (see instructions) ☐ VIN: _____ License plate number: _____

Types of Products Sold: (Check all that apply)

Cigarettes ☑ Tobacco ☑ Alternative nicotine products ☑ Vapor products ☐

Type of Establishment: (Select the options that best describe the establishment)

Alternative nicotine/vapor store ☐ Bar ☐ Convenience store/gas station ☑ Drug store ☐

Grocery store ☐ Hotel/motel ☐ Liquor store ☐ Restaurant ☐ Tobacco store ☐

Other (provide description) ☐ _____

Do you have other permits issued under Iowa Code chapter 453A at this retail location? If yes, provide permit number(s):

_____

Do you intend to make retail sales to ultimate consumers? Yes ☐ No ☐

Include with this application a list of your suppliers of cigarettes, tobacco, alternative nicotine and vapor products on a separate sheet.

Identify partners or corporate officers (up to three) if the business is not a sole proprietorship.

Name: maulin patel (Maulin Patel) Title: _____

Address: 10765 m st

City: omaha State: NE ZIP: 68127

Name: _____ Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

Name: _____ Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

If this application is approved and a permit is 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 Authorized Party

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. I declare that I am authorized to act on behalf of the taxpayer, and will only act within my authority.

Printed Name/Title: Mavlin Patel

Authorized Signature: Mavlin Patel

Date: 07/02/24 Email: mavlinPatel93@gmail.com

Send this completed application and the applicable fee to your local jurisdiction. If your local jurisdiction permits electronic transmission of this application, your email or fax signature will constitute a valid signature. It is up to your local jurisdiction to approve this application and issue the permit. You must have an approved permit issued to you by the local jurisdiction before acting as a retailer in that jurisdiction. You must separately apply in each local jurisdiction in which you plan to act as a retailer. If you have any questions about the status of your application, contact your city clerk (within city limits) or your county auditor (outside city limits). NOTE: A completed application is NOT a valid permit even if submitted to your local jurisdiction with the applicable fee.

FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

- Fill in the amount paid for the permit: $100.00
- Fill in the date the permit was approved by the council or board: 7-22-24
- Fill in the permit number issued by the city/county: 1239735
- Fill in the name of the city or county issuing the permit: Council Bluffs
- New ☐ Renewal ☒

Send completed/approved application to the Iowa Department of Revenue 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. If a permit is being exchanged due to change of location within the same jurisdiction, permittee should complete an application with new location information and application should be sent to the Department as described above. Permittees who exchange a valid permit are not required to pay an additional fee when an exchange application is submitted. 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

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

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For period (MM/DD/YYYY) 07 / 16 / 24 through 06/30/ 2025

Use this form to apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products at retail. If you need a different, non-retail cigarette or tobacco permit, use form 70-015. If approved, the permit is only valid for the location listed on the permit. You must obtain a separate retail permit for each location you own or operate.

Business Information:

Legal name/Doing business as (DBA): Head Rush

Iowa sales and use tax account number: _____

Retail address: 1501 N. 16th Ste. 2 City: Council Bluffs State: IA ZIP: 51501

Mailing address: 3716 N. 17th St. City: Carter Lake State: IA ZIP: 51510

Phone: 402-320-2573

Legal Ownership Information:

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

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

Primary office address: 3716 N. 17th st. City: Carter Lake State: IA ZIP: 51510

Phone: 402-320-2573 Fax: _____ Email: Headrushvending@gmail.com

Retail Information:

Types of Sales: Over-the-counter ☐ Vending machine ☒ Vending machine that assembles cigarettes ☐ Delivery sales of alternative nicotine/vapor products (see instructions) ☐

Mobile sales (see instructions) ☐ VIN: _____ License plate number: _____

Types of Products Sold: (Check all that apply)

Cigarettes ☐ Tobacco ☐ Alternative nicotine products ☒ Vapor products ☒

Type of Establishment: (Select the options that best describe the establishment)

Alternative nicotine/vapor store ☐ Bar ☐ Convenience store/gas station ☐ Drug store ☐
Grocery store ☐ Hotel/motel ☐ Liquor store ☐ Restaurant ☐ Tobacco store ☐
Other (provide description) ☒ Gentlemen's Club

Do you have other permits issued under Iowa Code chapter 453A at this retail location? If yes, provide permit number(s):

_____

Do you intend to make retail sales to ultimate consumers? Yes ☐ No ☐

Include with this application a list of your suppliers of cigarettes, tobacco, alternative nicotine and vapor products on a separate sheet.

Identify partners or corporate officers (up to three) if the business is not a sole proprietorship.

Name: Andrew Intrieri Title: CEO

Address: 3716 N. 17th St.

City: Carter Lake State: IA ZIP: 51510

Name: _____ Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

Name: _____ Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

If this application is approved and a permit is 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 Authorized Party

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. I declare that I am authorized to act on behalf of the taxpayer, and will only act within my authority.

Printed Name/Title: Andrew Intrieri (CEO)

Authorized Signature: _____

Date: 07/16/24 Email: Headrushvending@gmail.com

Send this completed application and the applicable fee to your local jurisdiction. If your local jurisdiction permits electronic transmission of this application, your email or fax signature will constitute a valid signature. It is up to your local jurisdiction to approve this application and issue the permit. You must have an approved permit issued to you by the local jurisdiction before acting as a retailer in that jurisdiction. You must separately apply in each local jurisdiction in which you plan to act as a retailer. If you have any questions about the status of your application, contact your city clerk (within city limits) or your county auditor (outside city limits). NOTE: A completed application is NOT a valid permit even if submitted to your local jurisdiction with the applicable fee.

FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

- Fill in the amount paid for the permit: $100.00
- Fill in the date the permit was approved by the council or board: 7-22-24
- Fill in the permit number issued by the city/county: 12410510
- Fill in the name of the city or county issuing the permit: Council Bluffs
- New ☒ Renewal ☐

Send completed/approved application to the Iowa Department of Revenue 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. If a permit is being exchanged due to change of location within the same jurisdiction, permittee should complete an application with new location information and application should be sent to the Department as described above. Permittees who exchange a valid permit are not required to pay an additional fee when an exchange application is submitted. 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

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Business Information:

Legal name/Doing business as (DBA): Vapor Maven

Iowa sales and use tax account number: 307001510

Retail address: 2320 W. Broadway St. City: Council Bluff State: IA ZIP: 51501

Mailing address: 1394 W. Sunset Ave City: Springdale State: AR ZIP: 72764

Phone: 479.439.2570

Legal Ownership Information:

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

Name of sole proprietor, partnership, corporation, LLC, or LLP: Vapor Maven IA LLC

Primary office address: 1394 W. Sunset Ave City: Springdale State: AR ZIP: 72764

Phone: 479.439.2570 Fax: _____ Email: omar@vapormaven.com

Retail Information:

Types of Sales: Over-the-counter ☑ Vending machine ☐ Vending machine that assembles cigarettes ☐ Delivery sales of alternative nicotine/vapor products (see instructions) ☐
Mobile sales (see instructions) ☐ VIN: _____ License plate number: _____

Types of Products Sold: (Check all that apply)
Cigarettes ☑ Tobacco ☑ Alternative nicotine products ☑ Vapor products ☑

Type of Establishment: (Select the options that best describe the establishment)

Alternative nicotine/vapor store ☑ Bar ☐ Convenience store/gas station ☐ Drug store ☐
Grocery store ☐ Hotel/motel ☐ Liquor store ☐ Restaurant ☐ Tobacco store ☑
Other (provide description) ☐ _____

Do you have other permits issued under Iowa Code chapter 453A? If yes, provide permit number(s):

_____

Include with this application a list of your suppliers and customers on a separate sheet.

Identify partners or corporate officers if the business is not a sole proprietorship.

Name: Harminder Thind Title: Owner

Address: 1394 W. Sunset Ave. #8

City: Springdale State: AR ZIP: 72764

Name: _____ Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

Name: _____ Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

If this application is approved and a permit is 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. I declare under penalties of perjury or false certificate, that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of Owner(s), Partner(s), or Corporate Official(s)

Printed name: Harmander Thind

Signature: S. Thind.

Date: 05-14-2024

Printed name: _____

Signature: _____

Date: _____

Printed name: _____

Signature: _____

Date: _____

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FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

- Fill in the amount paid for the permit: $ 100.00
- Fill in the date the permit was approved by the council or board: 7-22-24
- Fill in the permit number issued by the city/county: 1239731
- Fill in the name of the city or county issuing the permit: Council Bluffs
- New ☐ Renewal ☒

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