Device Retailer License Review

CITY OF COUNCIL BLUFFS
1909373801

Application Information

Legal Ownership Information

Name of sole proprietor, partnership, corporation, LLC, or LLP	: BROADWAY SMOKE SHOP
Type of ownership	: Limited Liability Company
Primary office address	: 305 E BROADWAY COUNCIL BLUFFS IA 51503-4415
Legal Ownership Phone	: 252-571-5527
Legal Ownership Email	: hbmanagement-services@outlook.com

Application Information

Sales Permit Number:	: 309703011
Location Name	: BROADWAY SMOKE SHOP
Location Phone Number	: 712-796-4579
Location Address	: 305 E BROADWAY COUNCIL BLUFFS IA 51503-4415
Location Mailing Address	: 430 CONNER GRANT RD NEW BERN NC 28562-9813
Renewal	: No
Start Date	: 20-Jan-2025
End Date	: 30-Jun-2025
License Fee	: 1,500.00
Types of Sales	: Over the Counter
Type of Establishment	: Alternative nicotine/vapor store, Tobacco store
Does this retail location ensure that no person younger than 21 years of age is present or permitted to enter at any time?	: Yes

Corporate Officers

Title	Name	Address
Authorized Individual	ALAHDAL, HEITHAM	4891 F ST OMAHA NE 68117-1406

Decision

Select the decision of whether you approve or deny this permit application.

Iowa Department of Revenue will be issuing a permit number if this application is approved. However, the local authority has the option to also issue a permit number. If the local authority decides to issue a local permit number, it can be entered in the "Local Permit Number" field. Otherwise, only the state-issued permit number will appear on the permit.

Does this retailer hold a valid retail tobacco permit at this location?

Yes	No

Select a Decision

Approve	Deny

Device Retailer License Review

CITY OF COUNCIL BLUFFS
1909373801

Application Information

Legal Ownership Information

Name of sole proprietor, partnership, corporation, LLC, or LLP	: CB SMOKE SHOP LLC
Type of ownership	: Limited Liability Company
Primary office address	: 20 POWER DR STE 6 COUNCIL BLUFFS IA 51501-7701
Legal Ownership Phone	: 402-686-4328
Legal Ownership Email	: hbmanagement-services@outlook.com

Application Information

Sales Permit Number:	: 302703725
Location Name	: CB SMOKE SHOP LLC
Location Phone Number	: 712-796-3868
Location Address	: 20 POWER DR STE 6 COUNCIL BLUFFS IA 51501-7701
Location Mailing Address	: 4891 F ST OMAHA NE 68117-1406
Renewal	: No
Start Date	: 20-Jan-2025
End Date	: 30-Jun-2025
License Fee	: 1,500.00
Types of Sales	: Over the Counter
Type of Establishment	: Alternative nicotine/vapor store, Tobacco store
Does this retail location ensure that no person younger than 21 years of age is present or permitted to enter at any time?	: Yes

Corporate Officers

Title	Name	Address
Authorized Individual	ALANNSI, BALEEGH	4891 F ST OMAHA NE 68117-1406

Decision

Select the decision of whether you approve or deny this permit application.

Iowa Department of Revenue will be issuing a permit number if this application is approved. However, the local authority has the option to also issue a permit number. If the local authority decides to issue a local permit number, it can be entered in the "Local Permit Number" field. Otherwise, only the state-issued permit number will appear on the permit.

Does this retailer hold a valid retail tobacco permit at this location?

Yes	No

Select a Decision

Approve	Deny

Device Retailer License Review

CITY OF COUNCIL BLUFFS
1909373801

Application Information

Legal Ownership Information

Name of sole proprietor, partnership, corporation, LLC, or LLP	: VAPEOLOGY SMOKE SHOP LLC
Type of ownership	: Limited Liability Company
Primary office address	: 1531 2ND AVE COUNCIL BLUFFS IA 51501-3908
Legal Ownership Phone	: 402-686-9822
Legal Ownership Email	: abdulmaleknagi25@gmail.com

Application Information

Sales Permit Number:	: 302307821
Location Name	: VAPEOLOGY SMOKE SHOP LLC
Location Phone Number	: 712-352-0153
Location Address	: 1531 2ND AVE COUNCIL BLUFFS IA 51501-3908
Location Mailing Address	: 4891 F ST OMAHA NE 68117-1406
Renewal	: No
Start Date	: 20-Jan-2025
End Date	: 30-Jun-2025
License Fee	: 1,500.00
Types of Sales	: Over the Counter
Type of Establishment	: Alternative nicotine/vapor store, Tobacco store
Does this retail location ensure that no person younger than 21 years of age is present or permitted to enter at any time?	: Yes

Corporate Officers

Title	Name	Address
Authorized Individual	NAGI, ABDULMALEK	4891 F ST OMAHA NE 68117-1406

Decision

Select the decision of whether you approve or deny this permit application.

Iowa Department of Revenue will be issuing a permit number if this application is approved. However, the local authority has the option to also issue a permit number. If the local authority decides to issue a local permit number, it can be entered in the "Local Permit Number" field. Otherwise, only the state-issued permit number will appear on the permit.

Does this retailer hold a valid retail tobacco permit at this location?

Yes	No

Select a Decision

Approve	Deny