GovConnectIowa Tobacco Licensing

CITY OF COUNCIL BLUFFS

Retail Tobacco License Review

CITY OF COUNCIL BLUFFS
1909373801

Application Information

Legal Ownership Information

Name of sole proprietor, partnership, corporation, LLC, or LLP	: AMERISTAR CASINO COUNCIL BLFS LLC
Type of ownership	: Corporation
Primary office address	: 2200 RIVER RD COUNCIL BLUFFS IA 51501-7048
Legal Ownership Phone	: 610-373-2400
Legal Ownership Email	: paul.czak@pennentertainment.com

Application Information

City/County Permit Number	: 1230026
Sales and Use Permit Number	: 178020210
Location Name	: AMERISTAR CASINOS COUNCIL BLUFFS
Location Phone Number	: 712-396-3061
Location Address	: 2200 RIVER RD COUNCIL BLFS IA 51501-7048
Location Mailing Address	: 2200 RIVER RD COUNCIL BLUFFS IA 51501-7048
Renewal	: Yes
Start Date	: 01-Jul-2025
End Date	: 30-Jun-2026
License Fee	: 100.00
Types of Sales	: Over the Counter
Type of Establishment	: Other
If Other, Explain	: CASINO
Types of Products Sold	: Cigarettes, Alternative Nicotine Products
Do you intend to make retail sales to ultimate consumers?	: Yes
Do you have other permits issued under Iowa Code chapter 453A at this retail location? If yes, provide permit number(s) in the next step:	: No

Corporate Officers

Title	Name	Address
SR VP & GENERAL MANAGER	CZAK, PAUL	2200 RIVER RD COUNCIL BLUFFS IA 51501-7048

Suppliers List

Core Mark Mid Continent

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.

Select a Decision *

Approve | Deny

Retail Tobacco License Review

CITY OF COUNCIL BLUFFS
1909373801

Application Information

Legal Ownership Information

Name of sole proprietor, partnership, corporation, LLC, or LLP	: CASEYS MARKETING COMPANY
Type of ownership	: Corporation
Primary office address	: 1 SE CONVENIENCE BLVD ANKENY IA 50021-9672
Legal Ownership Phone	: 515-381-4090
Legal Ownership Email	: licensingteam@caseys.com

Application Information

City/County Permit Number	: 1218002
Sales and Use Permit Number	: 178021678
Location Name	: CASEY'S #2284
Location Phone Number	: 712-254-8871
Location Address	: 1030 VETERANS MEM HWY COUNCIL BLFS IA 51501-8426
Location Mailing Address	: 1 SE CONVENIENCE BLVD ANKENY IA 50021-9672
Renewal	: Yes
Start Date	: 01-Jul-2025
End Date	: 30-Jun-2026
License Fee	: 100.00
Types of Sales	: Over the Counter
Type of Establishment	: Convenience store/gas station
Types of Products Sold	: Cigarettes, Tobacco, Vapor Products, Alternative Nicotine Products
Do you intend to make retail sales to ultimate consumers?	: Yes
Do you have other permits issued under Iowa Code chapter 453A at this retail location? If yes, provide permit number(s) in the next step:	: No

Corporate Officers

Title	Name	Address
PRESIDENT	JAMES, SAMUEL	3204 NE AVERY DR ANKENY IA 50021-6301
ASSISTANT SECRETARY	BEECH, DOUGLAS	729 NE BROOK HAVEN DR ANKENY IA 50021-4529
TREASURER	LARSEN, ERIC	4407 NW 5TH ST ANKENY IA 50023-8841
SECRETARY	FABER, SCOTT	6749 CARDIFF CT JOHNSTON IA 50131-2783
VICE PRESIDENT	JOHNSON, BRIAN	9129 NW 73RD CIR JOHNSTON IA 50131-4836

Suppliers List

File Name	View File
2025 TOBACCO SUPPLIERS.pdf	View File

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.

Select a Decision *

Approve	Deny

Retail Tobacco License Review

CITY OF COUNCIL BLUFFS
1909373801

Application Information

Legal Ownership Information

Name of sole proprietor, partnership, corporation, LLC, or LLP	: CASEYS MARKETING COMPANY
Type of ownership	: Corporation
Primary office address	: 1 SE CONVENIENCE BLVD ANKENY IA 50021-9672
Legal Ownership Phone	: 515-381-4090
Legal Ownership Email	: licensingteam@caseys.com

Application Information

City/County Permit Number	: 1218003
Sales and Use Permit Number	: 178020235
Location Name	: CASEY'S #3050
Location Phone Number	: 712-250-2182
Location Address	: 510 23RD AVE COUNCIL BLFS IA 51503
Location Mailing Address	: 1 SE CONVENIENCE BLVD ANKENY IA 50021-9672
Renewal	: Yes
Start Date	: 01-Jul-2025
End Date	: 30-Jun-2026
License Fee	: 100.00
Types of Sales	: Over the Counter
Type of Establishment	: Convenience store/gas station
Types of Products Sold	: Cigarettes, Tobacco, Vapor Products, Alternative Nicotine Products
Do you intend to make retail sales to ultimate consumers?	: Yes
Do you have other permits issued under Iowa Code chapter 453A at this retail location? If yes, provide permit number(s) in the next step:	: No

Corporate Officers

Title	Name	Address
PRESIDENT	JAMES, SAMUEL	3204 NE AVERY DR ANKENY IA 50021-6301
ASSISTANT SECRETARY	BEECH, DOUGLAS	729 NE BROOK HAVEN DR ANKENY IA 50021-4529
TREASURER	LARSEN, ERIC	4407 NW 5TH ST ANKENY IA 50023-8841
SECRETARY	FABER, SCOTT	6749 CARDIFF CT JOHNSTON IA 50131-2783
VICE PRESIDENT	JOHNSON, BRIAN	9129 NW 73RD CIR JOHNSTON IA 50131-4836

Suppliers List

File Name	View File
2025 TOBACCO SUPPLIERS.pdf	View File

Decision

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

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Select a Decision *

Approve	Deny

Retail Tobacco License Review

CITY OF COUNCIL BLUFFS
1909373801

Application Information

Legal Ownership Information

Name of sole proprietor, partnership, corporation, LLC, or LLP	: CASEYS MARKETING COMPANY
Type of ownership	: Corporation
Primary office address	: 1 SE CONVENIENCE BLVD ANKENY IA 50021-9672
Legal Ownership Phone	: 515-381-4090
Legal Ownership Email	: licensingteam@caseys.com

Application Information

City/County Permit Number	: 1218920
Sales and Use Permit Number	: 178025190
Location Name	: CASEY'S #3201
Location Phone Number	: 712-366-5453
Location Address	: 701 32ND AVE COUNCIL BLFS IA 51501
Location Mailing Address	: 1 SE CONVENIENCE BLVD ANKENY IA 50021-9672
Renewal	: Yes
Start Date	: 01-Jul-2025
End Date	: 30-Jun-2026
License Fee	: 100.00
Types of Sales	: Over the Counter
Type of Establishment	: Convenience store/gas station
Types of Products Sold	: Cigarettes, Tobacco, Vapor Products, Alternative Nicotine Products
Do you intend to make retail sales to ultimate consumers?	: Yes
Do you have other permits issued under Iowa Code chapter 453A at this retail location? If yes, provide permit number(s) in the next step:	: No

Corporate Officers

Title	Name	Address
PRESIDENT	JAMES, SAMUEL	3204 NE AVERY DR ANKENY IA 50021-6301
ASSISTANT SECRETARY	BEECH, DOUGLAS	729 NE BROOK HAVEN DR ANKENY IA 50021-4529
TREASURER	LARSEN, ERIC	4407 NW 5TH ST ANKENY IA 50023-8841
SECRETARY	FABER, SCOTT	6749 CARDIFF CT JOHNSTON IA 50131-2783
VICE PRESIDENT	JOHNSON, BRIAN	9129 NW 73RD CIR JOHNSTON IA 50131-4836

Suppliers List

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Decision

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

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Select a Decision *

Approve	Deny

Retail Tobacco License Review

CITY OF COUNCIL BLUFFS
1909373801

Application Information

Legal Ownership Information

Name of sole proprietor, partnership, corporation, LLC, or LLP	: CASEYS MARKETING COMPANY
Type of ownership	: Corporation
Primary office address	: 1 SE CONVENIENCE BLVD ANKENY IA 50021-9672
Legal Ownership Phone	: 515-381-4090
Legal Ownership Email	: licensingteam@caseys.com

Application Information

City/County Permit Number	: 1218004
Sales and Use Permit Number	: 178025192
Location Name	: CASEY'S #3203
Location Phone Number	: 712-328-9684
Location Address	: 1928 SHERWOOD DR COUNCIL BLFS IA 51503
Location Mailing Address	: 1 SE CONVENIENCE BLVD ANKENY IA 50021-9672
Renewal	: Yes
Start Date	: 01-Jul-2025
End Date	: 30-Jun-2026
License Fee	: 100.00
Types of Sales	: Over the Counter
Type of Establishment	: Convenience store/gas station
Types of Products Sold	: Cigarettes, Tobacco, Vapor Products, Alternative Nicotine Products
Do you intend to make retail sales to ultimate consumers?	: Yes
Do you have other permits issued under Iowa Code chapter 453A at this retail location? If yes, provide permit number(s) in the next step:	: No

Corporate Officers

Title	Name	Address
PRESIDENT	JAMES, SAMUEL	3204 NE AVERY DR ANKENY IA 50021-6301
ASSISTANT SECRETARY	BEECH, DOUGLAS	729 NE BROOK HAVEN DR ANKENY IA 50021-4529
TREASURER	LARSEN, ERIC	4407 NW 5TH ST ANKENY IA 50023-8841
SECRETARY	FABER, SCOTT	6749 CARDIFF CT JOHNSTON IA 50131-2783
VICE PRESIDENT	JOHNSON, BRIAN	9129 NW 73RD CIR JOHNSTON IA 50131-4836

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Decision

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

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Select a Decision *

Approve	Deny

Retail Tobacco License Review

CITY OF COUNCIL BLUFFS
1909373801

Application Information

Legal Ownership Information

Name of sole proprietor, partnership, corporation, LLC, or LLP	: CASEYS MARKETING COMPANY
Type of ownership	: Corporation
Primary office address	: 1 SE CONVENIENCE BLVD ANKENY IA 50021-9672
Legal Ownership Phone	: 515-381-4090
Legal Ownership Email	: licensingteam@caseys.com

Application Information

City/County Permit Number	: 1215019
Sales and Use Permit Number	: 306603612
Location Name	: CASEY'S #6116
Location Phone Number	: 712-524-1937
Location Address	: 15 N 16TH ST COUNCIL BLUFFS IA 51501-2502
Location Mailing Address	: 1 SE CONVENIENCE BLVD ANKENY IA 50021-9672
Renewal	: Yes
Start Date	: 01-Jul-2025
End Date	: 30-Jun-2026
License Fee	: 100.00
Types of Sales	: Over the Counter
Type of Establishment	: Convenience store/gas station
Types of Products Sold	: Cigarettes, Tobacco, Vapor Products, Alternative Nicotine Products
Do you intend to make retail sales to ultimate consumers?	: Yes
Do you have other permits issued under Iowa Code chapter 453A at this retail location? If yes, provide permit number(s) in the next step:	: No

Corporate Officers

Title	Name	Address
PRESIDENT	JAMES, SAMUEL	3204 NE AVERY DR ANKENY IA 50021-6301
ASSISTANT SECRETARY	BEECH, DOUGLAS	729 NE BROOK HAVEN DR ANKENY IA 50021-4529
TREASURER	LARSEN, ERIC	4407 NW 5TH ST ANKENY IA 50023-8841
SECRETARY	FABER, SCOTT	6749 CARDIFF CT JOHNSTON IA 50131-2783
VICE PRESIDENT	JOHNSON, BRIAN	9129 NW 73RD CIR JOHNSTON IA 50131-4836

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Select a Decision *

Approve	Deny

Retail Tobacco License Review

CITY OF COUNCIL BLUFFS
1909373801

Application Information

Legal Ownership Information

Name of sole proprietor, partnership, corporation, LLC, or LLP	: CASEYS MARKETING COMPANY
Type of ownership	: Corporation
Primary office address	: 1 SE CONVENIENCE BLVD ANKENY IA 50021-9672
Legal Ownership Phone	: 515-381-4090
Legal Ownership Email	: licensingteam@caseys.com

Application Information

City/County Permit Number	: 1218005
Sales and Use Permit Number	: 306603712
Location Name	: CASEY'S #6117
Location Phone Number	: 712-322-8855
Location Address	: 1759 MADISON AVE COUNCIL BLUFFS IA 51503-5249
Location Mailing Address	: 1 SE CONVENIENCE BLVD ANKENY IA 50021-9672
Renewal	: Yes
Start Date	: 01-Jul-2025
End Date	: 30-Jun-2026
License Fee	: 100.00
Types of Sales	: Over the Counter
Type of Establishment	: Convenience store/gas station
Types of Products Sold	: Cigarettes, Tobacco, Vapor Products, Alternative Nicotine Products
Do you intend to make retail sales to ultimate consumers?	: Yes
Do you have other permits issued under Iowa Code chapter 453A at this retail location? If yes, provide permit number(s) in the next step:	: No

Corporate Officers

Title	Name	Address
PRESIDENT	JAMES, SAMUEL	3204 NE AVERY DR ANKENY IA 50021-6301
ASSISTANT SECRETARY	BEECH, DOUGLAS	729 NE BROOK HAVEN DR ANKENY IA 50021-4529
TREASURER	LARSEN, ERIC	4407 NW 5TH ST ANKENY IA 50023-8841
SECRETARY	FABER, SCOTT	6749 CARDIFF CT JOHNSTON IA 50131-2783
VICE PRESIDENT	JOHNSON, BRIAN	9129 NW 73RD CIR JOHNSTON IA 50131-4836

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Select a Decision *

Approve	Deny

Retail Tobacco License Review

CITY OF COUNCIL BLUFFS
1909373801

Application Information

Legal Ownership Information

Name of sole proprietor, partnership, corporation, LLC, or LLP	: CASEYS MARKETING COMPANY
Type of ownership	: Corporation
Primary office address	: 1 SE CONVENIENCE BLVD ANKENY IA 50021-9672
Legal Ownership Phone	: 515-381-4090
Legal Ownership Email	: licensingteam@caseys.com

Application Information

City/County Permit Number	: 1215018
Sales and Use Permit Number	: 306603812
Location Name	: CASEY'S #6122
Location Phone Number	: 712-340-9879
Location Address	: 3434 NEBRASKA AVE COUNCIL BLUFFS IA 51501-7042
Location Mailing Address	: 1 SE CONVENIENCE BLVD ANKENY IA 50021-9672
Renewal	: Yes
Start Date	: 01-Jul-2025
End Date	: 30-Jun-2026
License Fee	: 100.00
Types of Sales	: Over the Counter
Type of Establishment	: Convenience store/gas station
Types of Products Sold	: Cigarettes, Tobacco, Vapor Products, Alternative Nicotine Products
Do you intend to make retail sales to ultimate consumers?	: Yes
Do you have other permits issued under Iowa Code chapter 453A at this retail location? If yes, provide permit number(s) in the next step:	: No

Corporate Officers

Title	Name	Address
PRESIDENT	JAMES, SAMUEL	3204 NE AVERY DR ANKENY IA 50021-6301
ASSISTANT SECRETARY	BEECH, DOUGLAS	729 NE BROOK HAVEN DR ANKENY IA 50021-4529
TREASURER	LARSEN, ERIC	4407 NW 5TH ST ANKENY IA 50023-8841
SECRETARY	FABER, SCOTT	6749 CARDIFF CT JOHNSTON IA 50131-2783
VICE PRESIDENT	JOHNSON, BRIAN	9129 NW 73RD CIR JOHNSTON IA 50131-4836

Suppliers List

File Name	View File
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Decision

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Select a Decision *

Approve	Deny

Retail Tobacco License Review

CITY OF COUNCIL BLUFFS
1909373801

Application Information

Legal Ownership Information

Name of sole proprietor, partnership, corporation, LLC, or LLP	: CASEYS MARKETING COMPANY
Type of ownership	: Corporation
Primary office address	: 1 SE CONVENIENCE BLVD ANKENY IA 50021-9672
Legal Ownership Phone	: 515-381-4090
Legal Ownership Email	: licensingteam@caseys.com

Application Information

City/County Permit Number	: 1215020
Sales and Use Permit Number	: 306603912
Location Name	: CASEY'S #6127
Location Phone Number	: 712-256-2713
Location Address	: 2711 S 24TH ST COUNCIL BLUFFS IA 51501-6950
Location Mailing Address	: 1 SE CONVENIENCE BLVD ANKENY IA 50021-9672
Renewal	: Yes
Start Date	: 01-Jul-2025
End Date	: 30-Jun-2026
License Fee	: 100.00
Types of Sales	: Over the Counter
Type of Establishment	: Convenience store/gas station
Types of Products Sold	: Cigarettes, Tobacco, Vapor Products, Alternative Nicotine Products
Do you intend to make retail sales to ultimate consumers?	: Yes
Do you have other permits issued under Iowa Code chapter 453A at this retail location? If yes, provide permit number(s) in the next step:	: No

Corporate Officers

Title	Name	Address
PRESIDENT	JAMES, SAMUEL	3204 NE AVERY DR ANKENY IA 50021-6301
ASSISTANT SECRETARY	BEECH, DOUGLAS	729 NE BROOK HAVEN DR ANKENY IA 50021-4529
TREASURER	LARSEN, ERIC	4407 NW 5TH ST ANKENY IA 50023-8841
SECRETARY	FABER, SCOTT	6749 CARDIFF CT JOHNSTON IA 50131-2783
VICE PRESIDENT	JOHNSON, BRIAN	9129 NW 73RD CIR JOHNSTON IA 50131-4836

Suppliers List

File Name	View File
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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.

Select a Decision *

Approve	Deny

Retail Tobacco License Review

CITY OF COUNCIL BLUFFS
1909373801

Application Information

Legal Ownership Information

Name of sole proprietor, partnership, corporation, LLC, or LLP	: CASEYS MARKETING COMPANY
Type of ownership	: Corporation
Primary office address	: 1 SE CONVENIENCE BLVD ANKENY IA 50021-9672
Legal Ownership Phone	: 515-381-4090
Legal Ownership Email	: licensingteam@caseys.com

Application Information

City/County Permit Number	: 1215021
Sales and Use Permit Number	: 306604012
Location Name	: CASEY'S 6134
Location Phone Number	: 712-322-2268
Location Address	: 3501 W BROADWAY COUNCIL BLUFFS IA 51501-3266
Location Mailing Address	: 1 SE CONVENIENCE BLVD ANKENY IA 50021-9672
Renewal	: Yes
Start Date	: 01-Jul-2025
End Date	: 30-Jun-2026
License Fee	: 100.00
Types of Sales	: Over the Counter
Type of Establishment	: Convenience store/gas station
Types of Products Sold	: Cigarettes, Tobacco, Vapor Products, Alternative Nicotine Products
Do you intend to make retail sales to ultimate consumers?	: Yes
Do you have other permits issued under Iowa Code chapter 453A at this retail location? If yes, provide permit number(s) in the next step:	: No

Corporate Officers

Title	Name	Address
PRESIDENT	JAMES, SAMUEL	3204 NE AVERY DR ANKENY IA 50021-6301
ASSISTANT SECRETARY	BEECH, DOUGLAS	729 NE BROOK HAVEN DR ANKENY IA 50021-4529
TREASURER	LARSEN, ERIC	4407 NW 5TH ST ANKENY IA 50023-8841
SECRETARY	FABER, SCOTT	6749 CARDIFF CT JOHNSTON IA 50131-2783
VICE PRESIDENT	JOHNSON, BRIAN	9129 NW 73RD CIR JOHNSTON IA 50131-4836

Suppliers List

File Name	View File
2025 TOBACCO SUPPLIERS.pdf	View File

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.

Select a Decision *

Approve	Deny

Retail Tobacco License Review

CITY OF COUNCIL BLUFFS
1909373801

Application Information

Legal Ownership Information

Name of sole proprietor, partnership, corporation, LLC, or LLP	: COUNCIL BLUFFS COUNTRY CLUB LLC
Type of ownership	: Partnership
Primary office address	: 4500 PIUTE ST COUNCIL BLUFFS IA 51501-8292
Legal Ownership Phone	: 712-366-0525
Legal Ownership Email	: office@cbcountryclub.com

Application Information

City/County Permit Number	: 1223091
Sales and Use Permit Number	: 178023307
Location Name	: COUNCIL BLUFFS COUNTRY CLUB
Location Phone Number	: 712-366-0525
Location Address	: 4500 PIUTE ST COUNCIL BLFS IA 51501
Location Mailing Address	: 4500 PIUTE ST COUNCIL BLUFFS IA 51501-8292
Renewal	: Yes
Start Date	: 01-Jul-2025
End Date	: 30-Jun-2026
License Fee	: 100.00
Types of Sales	: Over the Counter
Type of Establishment	: Other
If Other, Explain	: COUNTRY CLUB
Types of Products Sold	: Tobacco
Do you intend to make retail sales to ultimate consumers?	: Yes
Do you have other permits issued under Iowa Code chapter 453A at this retail location? If yes, provide permit number(s) in the next step:	: No

Corporate Officers

Title	Name	Address
EMPLOYEE	LISTON, JACQUE	4500 PIUTE ST COUNCIL BLUFFS IA 51501-8292
OWNER	RASSEKH, BEHROUZ	4500 PIUTE ST COUNCIL BLUFFS IA 51501-8292

Suppliers List

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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.

Select a Decision *

Approve | Deny

GovConnectIowa Tobacco Licensing

CITY OF COUNCIL BLUFFS

Retail Tobacco License Review

CITY OF COUNCIL BLUFFS
1909373801

Application Information

Legal Ownership Information

Name of sole proprietor, partnership, corporation, LLC, or LLP	: CB ROLLIN VAPES
Type of ownership	: Limited Liability Company
Primary office address	: 2700 2ND AVE STE 1 COUNCIL BLUFFS IA 51501-3500
Legal Ownership Phone	: 531-222-4049
Legal Ownership Email	: cbrollinvapes@gmail.com

Application Information

Sales and Use Permit Number	: 306408928
Location Name	: CB ROLLIN VAPES
Location Phone Number	: 531-222-4049
Location Address	: 2700 2ND AVE STE 1 COUNCIL BLUFFS IA 51501-3500
Location Mailing Address	: 2700 2ND AVE STE 1 COUNCIL BLUFFS IA 51501-3500
Renewal	: No
Start Date	: 11-Apr-2025
End Date	: 30-Jun-2025
License Fee	: 25.00
Types of Sales	: Mobile Sales, Over the Counter
License plate number	: Owv866
VIN	: 2c3ccagg1eh309724
Type of Establishment	: Alternative nicotine/vapor store, Tobacco store
Types of Products Sold	: Cigarettes, Tobacco, Vapor Products
Do you intend to make retail sales to ultimate consumers?	: Yes
Do you have other permits issued under Iowa Code chapter 453A at this retail location? If yes, provide permit number(s) in the next step:	: No

Corporate Officers

Title	Name	Address
Owner	VALLIER, COTY	3303 AVENUE A COUNCIL BLUFFS IA 51501-1951

Suppliers List

Vapewholesaleusa.com
Vaperanger.com
Lavaporwholesale.com
To be continued

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.

Select a Decision *

Approve	Deny

Retail Tobacco License Review

CITY OF COUNCIL BLUFFS
1909373801

Application Information

Legal Ownership Information

Name of sole proprietor, partnership, corporation, LLC, or LLP	: FAREWAY STORES INC
Type of ownership	: Corporation
Primary office address	: 8800 NW 62ND AVE JOHNSTON IA 50131-2849
Legal Ownership Phone	: 515-432-2623
Legal Ownership Email	: storelicenses@farewaystores.com

Application Information

City/County Permit Number	: 1229469
Sales and Use Permit Number	: 178023789
Location Name	: FAREWAY STORES 073
Location Phone Number	: 712-328-4176
Location Address	: 310 MCKENZIE AVE COUNCIL BLFS IA 51503-1016
Location Mailing Address	: 8800 NW 62ND AVE JOHNSTON IA 50131-2849
Renewal	: Yes
Start Date	: 01-Jul-2025
End Date	: 30-Jun-2026
License Fee	: 100.00
Types of Sales	: Over the Counter
Type of Establishment	: Grocery store
Types of Products Sold	: Cigarettes, Tobacco, Vapor Products, Alternative Nicotine Products
Do you intend to make retail sales to ultimate consumers?	: Yes
Do you have other permits issued under Iowa Code chapter 453A at this retail location? If yes, provide permit number(s) in the next step:	: No

Corporate Officers

Title	Name	Address
CFO	MORAN, JAKE	PO BOX 70 715 8TH STREET BOONE IA 50036-0070

Suppliers List

Midwest Quality Wholesale

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.

Select a Decision *

Approve | Deny

Retail Tobacco License Review

CITY OF COUNCIL BLUFFS
1909373801

Application Information

Legal Ownership Information

Name of sole proprietor, partnership, corporation, LLC, or LLP	: GREENSTAR GLASS AND GOODIES INC
Type of ownership	: Corporation
Primary office address	: 531 VETERANS MEMORIAL HWY COUNCIL BLUFFS IA 51501-8419
Legal Ownership Phone	: 712-314-3268
Legal Ownership Email	: rossplum@icloud.com

Application Information

City/County Permit Number	: 1232075
Sales and Use Permit Number	: 178027220
Location Name	: GREENSTAR GLASS & GOODIES INC
Location Phone Number	: 712-828-4449
Location Address	: 531 VETS MEMORIAL HWY COUNCIL BLFS IA 51501
Location Mailing Address	: 531 VETS MEMORIAL HWY COUNCIL BLUFFS IA 51501-8424
Renewal	: Yes
Start Date	: 01-Jul-2025
End Date	: 30-Jun-2026
License Fee	: 100.00
Types of Sales	: Over the Counter
Type of Establishment	: Alternative nicotine/vapor store, Tobacco store
Types of Products Sold	: Tobacco, Vapor Products, Alternative Nicotine Products
Do you intend to make retail sales to ultimate consumers?	: Yes
Do you have other permits issued under Iowa Code chapter 453A at this retail location? If yes, provide permit number(s) in the next step:	: No

Corporate Officers

Title	Name	Address
PRESIDENT	PLUM, ROSS	104 GOLDEN CIRCLE DR COUNCIL BLUFFS IA 51503-5500

Suppliers List

Vapor Beast
Midwest Distribution

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.

Select a Decision *

Approve | Deny

Retail Tobacco License Review

CITY OF COUNCIL BLUFFS
1909373801

Application Information

Legal Ownership Information

Name of sole proprietor, partnership, corporation, LLC, or LLP	: MOES OPERATING LLC
Type of ownership	: Limited Liability Company
Primary office address	: 720 N 108TH AVE OMAHA NE 68154-1754
Legal Ownership Phone	: 413-512-3080
Legal Ownership Email	: moesoperating@gmail.com

Application Information

City/County Permit Number	: 1234337
Sales and Use Permit Number	: 300401922
Location Name	: MOES MART
Location Phone Number	: 712-322-1565
Location Address	: 154 BENNETT AVE COUNCIL BLUFFS IA 51503-5201
Location Mailing Address	: 720 N 108TH AVE OMAHA NE 68154-1754
Renewal	: Yes
Start Date	: 01-Jul-2025
End Date	: 30-Jun-2026
License Fee	: 100.00
Types of Sales	: Over the Counter
Type of Establishment	: Convenience store/gas station
Types of Products Sold	: Cigarettes, Tobacco, Vapor Products, Alternative Nicotine Products
Do you intend to make retail sales to ultimate consumers?	: Yes
Do you have other permits issued under Iowa Code chapter 453A at this retail location? If yes, provide permit number(s) in the next step:	: No

Corporate Officers

Title	Name	Address
OWNER	SAJJAD, MOHAMMAD	720 N 108TH AVE OMAHA NE 68154-1754

Suppliers List

Amcon
Maverick
Wild horse

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.

Select a Decision *

Approve | Deny

Retail Tobacco License Review

CITY OF COUNCIL BLUFFS
1909373801

Application Information

Legal Ownership Information

Name of sole proprietor, partnership, corporation, LLC, or LLP	: PILOT TRAVEL CENTERS LLC
Type of ownership	: Limited Liability Company
Primary office address	: 5508 LONAS DR KNOXVILLE TN 37909-3221
Legal Ownership Phone	: 865-588-7488
Legal Ownership Email	: Licensing@pilottravelcenters.com

Application Information

City/County Permit Number	: 1223090
Sales and Use Permit Number	: 178022093
Location Name	: PILOT TRAVEL CENTER 329
Location Phone Number	: 712-322-0088
Location Address	: 2647 S 24TH ST COUNCIL BLFS IA 51501-6992
Location Mailing Address	: PO BOX 10146 KNOXVILLE TN 37939-0146
Renewal	: Yes
Start Date	: 01-Jul-2025
End Date	: 30-Jun-2026
License Fee	: 100.00
Types of Sales	: Over the Counter
Type of Establishment	: Convenience store/gas station
Types of Products Sold	: Cigarettes, Tobacco, Vapor Products, Alternative Nicotine Products
Do you intend to make retail sales to ultimate consumers?	: Yes
Do you have other permits issued under Iowa Code chapter 453A at this retail location? If yes, provide permit number(s) in the next step:	: No

Corporate Officers

Title	Name	Address
CFO	LILLO, JOE	5508 LONAS DR LICENSING DEPT # ATTN KNOXVILLE TN 37909-3221
CPO/SECRETARY	COX, JULIUS	5508 LONAS DR LICENSING DEPT # ATTN KNOXVILLE TN 37909-3221

Suppliers List

Blu – ITG Brands LLC
NJOY – Altria Group Inc.
JUUL – JUUL Labs, Inc.
VUSE – R.J. Reynolds Tobacco Company

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.

Select a Decision *

Approve	Deny

Retail Tobacco License Review

CITY OF COUNCIL BLUFFS
1909373801

Application Information

Legal Ownership Information

Name of sole proprietor, partnership, corporation, LLC, or LLP	: IOWA 26 LLC
Type of ownership	: Limited Liability Company
Primary office address	: 70 KIRKWOOD CT SW CEDAR RAPIDS IA 52404-8200
Legal Ownership Phone	: 319-229-4300
Legal Ownership Email	: uptown786@hotmail.com

Application Information

City/County Permit Number	: 1267726
Sales and Use Permit Number	: 304606028
Location Name	: SAM FOOD MART
Location Phone Number	: 319-229-4300
Location Address	: 701 16TH AVE COUNCIL BLUFFS IA 51501-6378
Location Mailing Address	: 70 KIRKWOOD CT SW CEDAR RAPIDS IA 52404-8200
Renewal	: Yes
Start Date	: 01-Jul-2025
End Date	: 30-Jun-2026
License Fee	: 100.00
Types of Sales	: Over the Counter
Type of Establishment	: Grocery store, Liquor store, Tobacco store
Types of Products Sold	: Cigarettes, Tobacco, Vapor Products, Alternative Nicotine Products
Do you intend to make retail sales to ultimate consumers?	: Yes
Do you have other permits issued under Iowa Code chapter 453A at this retail location? If yes, provide permit number(s) in the next step:	: No

Corporate Officers

Title	Name	Address
PRESIDENT	KHAN, RASHAD	21155 HARTMAN AVE ELKHORN NE 68022-5351

Suppliers List

File Name	View File
LIST OF SUPPLIERS FOR IOWA 26.docx	View File

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.

Select a Decision *

Approve | Deny

Retail Tobacco License Review

CITY OF COUNCIL BLUFFS
1909373801

Application Information

Legal Ownership Information

Name of sole proprietor, partnership, corporation, LLC, or LLP	: BLUE NILE LLC
Type of ownership	: Limited Liability Company
Primary office address	: 2800 TWIN CITY DR COUNCIL BLUFFS IA 51501-8525
Legal Ownership Phone	: 712-366-2375
Legal Ownership Email	: amisganew@gmail.com

Application Information

City/County Permit Number	: 1233166
Sales and Use Permit Number	: 178026797
Location Name	: SUPER QUIK STOP
Location Phone Number	: 712-366-2375
Location Address	: 2800 TWIN CITY DR COUNCIL BLFS IA 51501-8525
Location Mailing Address	: 2800 TWIN CITY DR COUNCIL BLUFFS IA 51501-8525
Renewal	: Yes
Start Date	: 01-Jul-2025
End Date	: 30-Jun-2026
License Fee	: 100.00
Types of Sales	: Over the Counter
Type of Establishment	: Convenience store/gas station
Types of Products Sold	: Cigarettes, Tobacco, Vapor Products, Alternative Nicotine Products
Do you intend to make retail sales to ultimate consumers?	: Yes
Do you have other permits issued under Iowa Code chapter 453A at this retail location? If yes, provide permit number(s) in the next step:	: No

Corporate Officers

Title	Name	Address
CO OWNER	MISGANEW, BISET	907 ELM HURST DR # PAPILLION NE 68046-6108
CO OWNER	GEBREMARIAM, NEGUS	7731 S 101ST ST LA VISTA NE 68128-8241

Suppliers List

core-mark
Wildhorse distribution
maverick distribution

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.

Select a Decision *

Approve | Deny

Retail Tobacco License Review

CITY OF COUNCIL BLUFFS
1909373801

Application Information

Legal Ownership Information

Name of sole proprietor, partnership, corporation, LLC, or LLP	: THE BLK SQUIRREL INC
Type of ownership	: Corporation
Primary office address	: 13704 SAHLER ST OMAHA NE 68164-6029
Legal Ownership Phone	: 712-256-5427
Legal Ownership Phone Extension	: 4026697223
Legal Ownership Email	: theblksquirrel@gmail.com

Application Information

City/County Permit Number	: 1232282
Sales and Use Permit Number	: 178026181
Location Name	: THE BLK SQUIRREL
Location Phone Number	: 402-669-7223
Location Address	: 154 WEST BROADWAY COUNCIL BLFS IA 51503
Location Mailing Address	: 13704 SAHLER ST OMAHA NE 68164-6029
Renewal	: Yes
Start Date	: 01-Jul-2025
End Date	: 30-Jun-2026
License Fee	: 100.00
Types of Sales	: Over the Counter
Type of Establishment	: Bar
Types of Products Sold	: Cigarettes, Vapor Products
Do you intend to make retail sales to ultimate consumers?	: Yes
Do you have other permits issued under Iowa Code chapter 453A at this retail location? If yes, provide permit number(s) in the next step:	: No

Corporate Officers

Title	Name	Address
PRESIDENT	MEAD , ANDREW	154 W BROADWAY BLDG COUNCIL BLUFFS IA 51503-4311

Suppliers List

Maverick Distribution
I-80 Liquor
Sam's Club

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.

Select a Decision *

Approve	Deny