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	: CALIFORNIA UNION LLC
Type of ownership	: Limited Liability Company
Primary office address	: 501 S 21ST ST COUNCIL BLUFFS IA 51501-3760
Legal Ownership Phone	: 619-787-7202
Legal Ownership Email	: abebe99@yahoo.com

Application Information

City/County Permit Number	: 1234903
Sales and Use Permit Number	: 300503723
Location Name	: 7 DAYS MART
Location Phone Number	: 712-796-3935
Location Address	: 501 S 21ST ST COUNCIL BLUFFS IA 51501-3760
Location Mailing Address	: 501 S 21ST ST COUNCIL BLUFFS IA 51501-3760
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, Liquor 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
OWNER	ABEBE, SHUMET	318 S 16TH ST OMAHA NE 68102-2209

Suppliers List

Wahoo
Core-Mark

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 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	: 402-686-9822
Legal Ownership Email	: OMAHATOBACCO@GMAIL.COM

Application Information

City/County Permit Number	: 1313948
Sales and Use 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	: Yes
Start Date	: 01-Jul-2025
End Date	: 30-Jun-2026
License Fee	: 100.00
Types of Sales	: Over the Counter
Type of Establishment	: Tobacco store
Types of Products Sold	: Cigarettes, Tobacco, 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	ALANNSI, BALEEGH	12112 S 48TH ST PAPILLION NE 68133-2899
OFFICER	ALANNSI, BALEEGH	4891 F ST OMAHA NE 68117-1406

Suppliers List

Cash-Wa, St. Joe Distribution, Maverick, Wildhorse, EZ World Distributors, Wahoo

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	: DOLGENCORP LLC
Type of ownership	: Limited Liability Company
Primary office address	: 100 MISSION RDG GOODLETTSVILLE TN 37072-2171
Legal Ownership Phone	: 615-855-4000
Legal Ownership Email	: tax-beerandwinelicense@dollargeneral.com

Application Information

City/County Permit Number	: 1232328
Sales and Use Permit Number	: 178020088
Location Name	: DOLLAR GENERAL STORE 1574
Location Phone Number	: 615-855-4000
Location Address	: 2731 E KANESVILLE BLVD COUNCIL BLUFFS IA 51503-1003
Location Mailing Address	: 100 MISSION RDG GOODLETTSVILLE TN 37072-2171
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
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
Managing Officer	TAYLOR, EMILY	100 MISSION RDG DEPT TAXLICENSING GOODLETTSVILLE TN 37072-2171

Suppliers List

ITG Brands
RJ Reynolds
Liggett Vector Brands
Altria- Phillip Morris
Xcaliber Internation / Edgefield
Futura

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	: FAMILY DOLLAR STORES OF IOWA LLC
Type of ownership	: Limited Liability Company
Primary office address	: 500 VOLVO PKWY CHESAPEAKE VA 23320-1604
Legal Ownership Phone	: 757-321-5000
Legal Ownership Phone Extension	: 13002
Legal Ownership Fax	: 757-321-5214
Legal Ownership Email	: toba-licensing@dollartree.com

Application Information

City/County Permit Number	: 1232915
Sales and Use Permit Number	: 178021942
Location Name	: FAMILY DOLLAR STORE 4414
Location Phone Number	: 712-890-3003
Location Address	: 2801 W BROADWAY COUNCIL BLFS IA 51501-3408
Location Mailing Address	: 500 VOLVO PKWY CHESAPEAKE VA 23320-1604
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	: OTHER-RETAIL/GEN MERCHANDISE
Types of Products Sold	: Cigarettes, 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
SR VICE PRESIDEN	LITTLER, TODD B	500 VOLVO PKWY CHESAPEAKE VA 23320-1604
PRESIDENT	KONRAD, JOCELYN	500 VOLVO PKWY CHESAPEAKE VA 23320-1604
ASSISTANT TREASURER	COLLAR, MICHAEL	500 VOLVO PKWY CHESAPEAKE VA 23320-1604
ASSISTANT SECRETARY	WESSELHOFT, SHARON	500 VOLVO PKWY CHESAPEAKE VA 23320-1604
VICE PRES STORE OPS SUPPORT	NEWMAN, MICHAEL	500 VOLVO PKWY CHESAPEAKE VA 23320-1604
VICE PRES-DISBURSMENTS	POSTON, JONATHAN	500 VOLVO PKWY CHESAPEAKE VA 23320-1604

Suppliers List

MCLANE MINNESOTA
1111 WEST 5TH STREET
NORTHFIELD, MN 55057
#0083967004601
507-664-3003

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	: GPM MIDWEST 18 LLC
Type of ownership	: Limited Liability Company
Primary office address	: 8565 MAGELLAN PKWY STE 400 RICHMOND VA 23227-1172
Legal Ownership Phone	: 804-730-1568
Legal Ownership Phone Extension	: x1176
Legal Ownership Fax	: 804-215-8371
Legal Ownership Email	: licensing@gmpinvestments.com

Application Information

City/County Permit Number	: 1233475
Sales and Use Permit Number	: 178025983
Location Name	: FAS MART #552
Location Phone Number	: 712-323-3433
Location Address	: 503 9TH AVE COUNCIL BLFS IA 51503
Location Mailing Address	: 8565 MAGELLAN PKWY STE 400 RICHMOND VA 23227-1172
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
CEO	KOTLER, ARIE	8565 MAGELLAN PKWY STE 400 RICHMOND VA 23227-1172
EVP	NUCHAMOVITZ, EYAL	8565 MAGELLAN PKWY STE 400 RICHMOND VA 23227-1172
CFO	GIAMMATTEO, ROBERT	8565 MAGELLAN PKWY STE 400 RICHMOND VA 23227-1172

Suppliers List

Core Mark

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	: GPM MIDWEST 18 LLC
Type of ownership	: Limited Liability Company
Primary office address	: 8565 MAGELLAN PKWY STE 400 RICHMOND VA 23227-1172
Legal Ownership Phone	: 804-730-1568
Legal Ownership Phone Extension	: x1176
Legal Ownership Fax	: 804-215-8371
Legal Ownership Email	: licensing@gmpinvestments.com

Application Information

City/County Permit Number	: 1233476
Sales and Use Permit Number	: 178025984
Location Name	: FAS MART #553
Location Phone Number	: 712-323-7237
Location Address	: 611 E BROADWAY COUNCIL BLFS IA 51503
Location Mailing Address	: 8565 MAGELLAN PKWY STE 400 RICHMOND VA 23227-1172
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
CEO	KOTLER, ARIE	8565 MAGELLAN PKWY STE 400 RICHMOND VA 23227-1172
EVP	NUCHAMOVITZ, EYAL	8565 MAGELLAN PKWY STE 400 RICHMOND VA 23227-1172
CFO	GIAMMATTEO, ROBERT	8565 MAGELLAN PKWY STE 400 RICHMOND VA 23227-1172

Suppliers List

Core Mark

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

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) 7 / 1 / 2025 through 06/30/ 2026

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): Hy-Vee Food Store #2

Iowa sales and use tax account number: 178013973

Retail address: 1745 Madison Ave City: Council Bluffs State: IA ZIP: 51503

Mailing address: 5820 Westown Pkwy City: West Des Moines State: IA ZIP: 50266

Phone: 712-322-9260

Legal Ownership Information:

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

Name of sole proprietor, partnership, corporation, LLC, or LLP: Hy-Vee, Inc.

Primary office address: 5820 Westown Pkwy City: West Des Moines State: IA ZIP: 50266

Phone: 515-267-2800 Fax: _____ Email: knylen@hy-vee.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): No

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: See Attached. Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

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 Schroeder - SVP Accounting, Controller

Authorized Signature: Andrew Schroeder

Date: 4/1/2025 Email: knylen@hy-vee.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: _____
- Fill in the permit number issued by the city/county: _____
- Fill in the name of the (city) or county issuing the permit: Council Bluffs, IA
- 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

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) 7 / 1 / 2025 through 06/30/ 2026

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): Hy-Vee Food Store #1

Iowa sales and use tax account number: 178013830

Retail address: 2323 W Broadway City: Council Bluffs State: IA ZIP: 51501

Mailing address: 5820 Westown Pkwy City: West Des Moines State: IA ZIP: 50266

Phone: 712-328-9792

Legal Ownership Information:

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

Name of sole proprietor, partnership, corporation, LLC, or LLP: Hy-Vee, Inc.

Primary office address: 5820 Westown Pkwy City: West Des Moines State: IA ZIP: 50266

Phone: 515-267-2800 Fax: _____ Email: knylen@hy-vee.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): No

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: See Attached. Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

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 Schroeder - SVP Accounting, Controller

Authorized Signature: Andrew Schroeder

Date: 4/1/2025 Email: knylen@hy-vee.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: _____
- Fill in the permit number issued by the city/county: _____
- Fill in the name of the city or county issuing the permit: Council Bluffs, IA
- 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

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) 7 / 1 / 2025 through 06/30/ 2026

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): Hy-Vee Fast & Fresh #1

Iowa sales and use tax account number: 178025497

Retail address: 21 S 25th St. City: Council Bluffs State: IA ZIP: 51501

Mailing address: 5820 Westown Pkwy City: West Des Moines State: IA ZIP: 50266

Phone: 712-352-1731

Legal Ownership Information:

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

Name of sole proprietor, partnership, corporation, LLC, or LLP: Hy-Vee, Inc.

Primary office address: 5820 Westown Pkwy City: West Des Moines State: IA ZIP: 50266

Phone: 515-267-2800 Fax: _____ Email: knylen@hy-vee.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): No

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: See Attached. Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

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 Schroeder - SVP Accounting, Controller

Authorized Signature: Andrew Schroeder

Date: 4/1/2025 Email: knylen@hy-vee.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: _____
- Fill in the permit number issued by the city/county: _____
- Fill in the name of the city or county issuing the permit: COUNCIL Bluffs, IA
- 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

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	: SUPER CONVENIENCE STORE LLC
Type of ownership	: Corporation
Primary office address	: 2547 2ND AVE COUNCIL BLUFFS IA 51501-3502
Legal Ownership Phone	: 402-612-0716
Legal Ownership Email	: s.merhawi@yahoo.com

Application Information

City/County Permit Number	: 1219057
Sales and Use Permit Number	: 301708628
Location Name	: SUPER CONVENIENCE STORE LLC
Location Phone Number	: 402-612-0716
Location Address	: 2547 2ND AVE COUNCIL BLUFFS IA 51501-3502
Location Mailing Address	: 2547 2ND AVE COUNCIL BLUFFS IA 51501-3502
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
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	KAHSAY, MERHAWI	2547 2ND AVE COUNCIL BLUFFS IA 51501-3502

Suppliers List

Coremark
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

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	: REW INC
Type of ownership	: Corporation
Primary office address	: PO BOX 358 ONAWA IA 51040-0358
Legal Ownership Phone	: 402-321-5593
Legal Ownership Fax	: 712-433-1002
Legal Ownership Email	: woodle29@aol.com

Application Information

City/County Permit Number	: 1231199
Sales and Use Permit Number	: 178026871
Location Name	: THE HUT DISCOUNT STORE
Location Phone Number	: 712-325-0199
Location Address	: 1925 W BROADWAY COUNCIL BLFS IA 51501
Location Mailing Address	: 11205 WRIGHT CIR STE 220 OMAHA NE 68144-4719
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
HR MANAGER	BURNS, EUGENE	623 S 1ST ST COUNCIL BLUFFS IA 51503-4348

Suppliers List

Farner Bocken
Franchise Distributing
Wahoo Warehouse
Maverick Distributing

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	: JNS INC
Type of ownership	: Corporation
Primary office address	: PO BOX 358 ONAWA IA 51040-0358
Legal Ownership Phone	: 402-321-5593
Legal Ownership Fax	: 712-433-1002
Legal Ownership Email	: woodle29@aol.com

Application Information

City/County Permit Number	: 1232593
Sales and Use Permit Number	: 178025278
Location Name	: TOBACCO HUT #20
Location Phone Number	: 712-256-1295
Location Address	: 429 VETERANS MEMORIAL HW COUNCIL BLFS IA 51501-8416
Location Mailing Address	: 429 VETERANS MEMORIAL HWY COUNCIL BLUFFS IA 51501-8416
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
HR MANAGER	BURNS, EUGENE	623 S 1ST ST COUNCIL BLUFFS IA 51503-4348

Suppliers List

Farner Bocken
Franchise Distributing
Wahoo Warehouse
Maverick Distributing

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	: 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	: omahatobacco@gmail.com

Application Information

City/County Permit Number	: 1233002
Sales and Use Permit Number	: 302307821
Location Name	: VAPEOLOGY SMOKE SHOP
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	: Yes
Start Date	: 01-Jul-2025
End Date	: 30-Jun-2026
License Fee	: 100.00
Types of Sales	: Over the Counter
Type of Establishment	: 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
WONER	NAGI, ABDULMALEK	4891 F ST OMAHA NE 68117-1406

Suppliers List

Cash-Wa, St. Joe Distribution, Maverick, Wildhorse, EZ World Distributors, Wahoo

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	: BROADWAY SMOKE SHOP LLC
Type of ownership	: Limited Liability Company
Primary office address	: 305 E BROADWAY COUNCIL BLUFFS IA 51503-4415
Legal Ownership Phone	: 402-686-9822
Legal Ownership Email	: omahatobacco@gmail.com

Application Information

City/County Permit Number	: 1232918
Sales and Use Permit Number	: 309703011
Location Name	: VIP 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	: Yes
Start Date	: 01-Jul-2025
End Date	: 30-Jun-2026
License Fee	: 100.00
Types of Sales	: Over the Counter
Type of Establishment	: 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
OFFICER	ALAHDAL, HEITHAM	4891 F ST OMAHA NE 68117-1406

Suppliers List

Cash-Wa, St. Joe Distribution, Maverick, Wildhorse, EZ World Distributors, Wahoo

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	: WALGREEN CO
Type of ownership	: Corporation
Primary office address	: 300 WILMOT RD MS 3301 DEERFIELD IL 60015-4614
Legal Ownership Phone	: 847-527-4612
Legal Ownership Fax	: 847-368-6525
Legal Ownership Email	: taxlicenserenewals@walgreens.com

Application Information

City/County Permit Number	: 1232920
Sales and Use Permit Number	: 178020980
Location Name	: WALGREENS #3700
Location Phone Number	: 712-329-0930
Location Address	: 535 E BROADWAY COUNCIL BLFS IA 51503-4419
Location Mailing Address	: PO BOX 901 DEERFIELD IL 60015-0901
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	: Drug store
Types of Products Sold	: Cigarettes, Tobacco, 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
VICE PRESIDENT AND TREASURER	BROWN, BRIAN	500 GREENLEAF AVE WILMETTE IL 60091-1914

Suppliers List

McLane Co.

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	: WALGREEN CO
Type of ownership	: Corporation
Primary office address	: 300 WILMOT RD MS 3301 DEERFIELD IL 60015-4614
Legal Ownership Phone	: 847-527-4612
Legal Ownership Fax	: 847-368-6525
Legal Ownership Email	: taxlicenserenewals@walgreens.com

Application Information

City/County Permit Number	: 1232921
Sales and Use Permit Number	: 178021052
Location Name	: WALGREENS #4405
Location Phone Number	: 712-328-2266
Location Address	: 2508 W BROADWAY COUNCIL BLFS IA 51501-3509
Location Mailing Address	: PO BOX 901 DEERFIELD IL 60015-0901
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	: Drug store
Types of Products Sold	: Cigarettes, Tobacco, 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
VICE PRESIDENT AND TREASURER	BROWN, BRIAN	500 GREENLEAF AVE WILMETTE IL 60091-1914

Suppliers List

McLane Co.

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	: WALGREEN CO
Type of ownership	: Corporation
Primary office address	: 300 WILMOT RD MS 3301 DEERFIELD IL 60015-4614
Legal Ownership Phone	: 847-527-4612
Legal Ownership Fax	: 847-368-6525
Legal Ownership Email	: taxlicenserenewals@walgreens.com

Application Information

City/County Permit Number	: 1232922
Sales and Use Permit Number	: 178022001
Location Name	: WALGREENS #5306
Location Phone Number	: 712-325-0619
Location Address	: 301 W BENNETT AVE COUNCIL BLFS IA 51503-5179
Location Mailing Address	: PO BOX 901 DEERFIELD IL 60015-0901
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	: Drug store
Types of Products Sold	: Cigarettes, Tobacco, 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
VICE PRESIDENT AND TREASURER	BROWN, BRIAN	500 GREENLEAF AVE WILMETTE IL 60091-1914

Suppliers List

McLane Co.

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	: WALMART INC
Type of ownership	: Corporation
Primary office address	: 702 SW 8TH ST BENTONVILLE AR 72716-0555
Legal Ownership Phone	: 479-371-8476
Legal Ownership Email	: complic@wal-mart.com

Application Information

City/County Permit Number	: 1232078
Sales and Use Permit Number	: 178025685
Location Name	: WALMART 3150
Location Phone Number	: 479-277-0866
Location Address	: 1800 N 16TH ST COUNCIL BLFS IA 51501
Location Mailing Address	: 702 SW 8TH ST BENTONVILLE AR 72712-6209
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	: GROCERY STORE
Types of Products Sold	: Cigarettes, Tobacco, 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 & CEO	MCMILLON, CARL	702 SW 8TH ST BENTONVILLE AR 72716-0001
ASSISTANT TREASURER	ALLEN, MATTHEW	702 SW 8TH ST BENTONVILLE AR 72716-0001
SENIOR VICE PRESIDENT	WADDELL, EMMA	702 SW 8TH ST BENTONVILLE AR 72716-0001
ASSISTANT SECRETARY	LITTLE, SARAH	702 SW 8TH ST BENTONVILLE AR 72716-0001

Suppliers List

McLane Company, Inc.

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