Retail Tobacco License Review

CITY OF COUNCIL BLUFFS
1909373801

Application Information

Legal Ownership Information

Name of sole proprietor, partnership, corporation, LLC, or LLP	: CADDY SHACK INC
Type of ownership	: Corporation
Primary office address	: 5005 PROVIDENCE RD COUNCIL BLUFFS IA 51503-2546
Legal Ownership Phone	: 402-210-6500
Legal Ownership Email	: robinmf17@yahoo.com

Application Information

City/County Permit Number	: 1235065
Sales and Use Permit Number	: 178017356
Location Name	: CADDY SHACK INC
Location Phone Number	: 712-322-9708
Location Address	: 1426 4TH AVE COUNCIL BLFS IA 51501-3934
Location Mailing Address	: 5005 PROVIDENCE RD COUNCIL BLUFFS IA 51503-2546
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
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	HELM, ROBIN	5005 PROVIDENCE RD COUNCIL BLUFFS IA 51503-2546

Suppliers List

The Hut Discount Store

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

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	: U SAVE FOODS INC
Type of ownership	: Corporation
Primary office address	: 850 76TH ST SW BYRON CENTER MI 49315-8510
Legal Ownership Phone	: 616-878-2829
Legal Ownership Email	: snlicensing@spartannash.com

Application Information

City/County Permit Number	: 1229467
Sales and Use Permit Number	: 178025160
Location Name	: FAMILY FARE #791
Location Phone Number	: 616-878-2829
Location Address	: 1801 VALLEY VIEW DR COUNCIL BLFS IA 51503
Location Mailing Address	: 850 76TH ST SW BYRON CENTER MI 49315-8510
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
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
SECRETARY	JACOBS, WILLIAM	850 76TH ST SW PO BOX 8700 # BYRON CENTER MI 49315-8510

Suppliers List

File Name	View File
Supplier.List.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	: 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

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 / 01 / 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): Harveys Iowa BR Management Co LLC d/b/a Horseshoe Casino

Iowa sales and use tax account number: 1-78021589

Retail address: 2701 23rd Ave City: Council Bluffs State: IA ZIP: 51501

Mailing address: 2701 23rd Ave City: Council Bluffs State: IA ZIP: 51501

Phone: 712-329-6411

Legal Ownership Information:

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

Name of sole proprietor, partnership, corporation, LLC, or LLP: Harveys Iowa BR Management Co LLC

Primary office address: 1 Harrahs Blvd City: Council Bluffs State: IA ZIP: 51501

Phone: 712-329-6411 Fax: _____ Email: smulvey@harrahs.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) ☒ Casino

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

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: Thomas Roberts Title: Senior Vice President and General Manager

Address: 1 Harrahs Blvd

City: Council Bluffs State: IA ZIP: 51501

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: Thomas Roberts

Authorized Signature: _____

Date: 6/3/2025 Email: robertstl@caesars.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
- Fill in the date the permit was approved by the council or board: 6-23-25
- Fill in the permit number issued by the city/county: _____
- 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

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 / 01 / 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): Harrah's Council Bluffs Casino and Hotel

Iowa sales and use tax account number: 1-78020304

Retail address: 1 Harrahs Blvd City: Council Bluffs State: IA ZIP: 51501

Mailing address: 1 Harrahs Blvd City: Council Bluffs State: IA ZIP: 51501

Phone: 712-329-6411

Legal Ownership Information:

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

Name of sole proprietor, partnership, corporation, LLC, or LLP: Harveys Iowa Management Co LLC

Primary office address: 1 Harrahs Blvd City: Council Bluffs State: IA ZIP: 51501

Phone: 712-329-6411 Fax: _____ Email: smulvey@harrahs.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) ☒ Casino

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

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: Thomas Roberts Title: Senior Vice President and General Manager

Address: 1 Harrahs Blvd

City: Council Bluffs State: IA ZIP: 51501

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: Thomas Roberts

Authorized Signature: _____

Date: 4/3/2025 Email: robertstl@caesars.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-
- Fill in the date the permit was approved by the council or board: 6-23-25
- Fill in the permit number issued by the city/county: _____
- 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

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 / 01 / 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): Alohma, LLC / Kure CBD & Vape - Council Bluffs

Iowa sales and use tax account number: 1-78-026333

Retail address: 285 West Broadway City: Council Bluffs State: IA ZIP: 51503

Mailing address: 130 Oak Park Dr. STE B City: Mooresville State: NC ZIP: 28115

Phone: 910-863-1522

Legal Ownership Information:

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

Name of sole proprietor, partnership, corporation, LLC, or LLP: AMV Holdings, LLC

Primary office address: 130 Oak Park Dr. STE B City: Mooresville State: NC ZIP: 28115

Phone: 910-863-1522 Fax: _____ Email: compliance@amvholdings.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):
Sales & Use: 1-78-026333 Hemp: 200216

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: AMV Holdings, LLC Title: 100% Owner

Address: 130 Oak Park Dr. STE B

City: Mooresville State: NC ZIP: 28115

Name: Sameh Salaymeh Title: President & CEO

Address: 248 Waddell Rd.

City: Mooresville State: NC ZIP: 28117

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: Sameh Salaymeh / President & CEO

Authorized Signature: Sameh Salaymeh
Sameh Salaymeh (Jun 18, 2025 18:41 GMT+3)

Date: Jun 18, 2025 Email: compliance@amvholdings.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
- Fill in the date the permit was approved by the council or board: 6-23-25
- Fill in the permit number issued by the city/county: —
- 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

Alohma - Kure - Council Bluffs - Tobacco License - Renewal Application - 2025

Final Audit Report 2025-06-18

Created:	2025-06-18
By:	Brandon Turner (brandon.turner@amvholdings.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAqaE-qypIgYAFe9Qgfi_t1frXoMY1eGA0

"Alohma - Kure - Council Bluffs - Tobacco License - Renewal Application - 2025" History

Document created by Brandon Turner (brandon.turner@amvholdings.com)
2025-06-18 - 3:38:08 PM GMT

Document emailed to sam@amvholdings.com for signature
2025-06-18 - 3:39:05 PM GMT

Email viewed by sam@amvholdings.com
2025-06-18 - 3:40:06 PM GMT

Signer sam@amvholdings.com entered name at signing as Sameh Salaymeh
2025-06-18 - 3:41:00 PM GMT

Document e-signed by Sameh Salaymeh (sam@amvholdings.com)
Signature Date: 2025-06-18 - 3:41:02 PM GMT - Time Source: server

Agreement completed.
2025-06-18 - 3:41:02 PM GMT

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 / 01 / 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): Alohma, LLC / Kure CBD & Vape - Lake Manawa

Iowa sales and use tax account number: 1-78-026652

Retail address: 3134 Manawa Center Dr, City: Council Bluffs State: IA ZIP: 51501

Mailing address: 130 Oak Park Dr. STE B City: Mooresville State: NC ZIP: 28115

Phone: 910-863-1522

Legal Ownership Information:

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

Name of sole proprietor, partnership, corporation, LLC, or LLP: AMV Holdings, LLC

Primary office address: 130 Oak Park Dr. STE B City: Mooresville State: NC ZIP: 28115

Phone: 910-863-1522 Fax: _____ Email: compliance@amvholdings.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):
Sales & Use: 1-78-026652 Hemp: 200224

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: AMV Holdings, LLC Title: 100% Owner

Address: 130 Oak Park Dr. STE B

City: Mooresville State: NC ZIP: 28115

Name: Sameh Salaymeh Title: President & CEO

Address: 248 Waddell Rd.

City: Mooresville State: NC ZIP: 28117

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: Sameh Salaymeh / President & CEO

Authorized Signature: Sameh Salaymeh
Sameh Salaymeh (Jun 18, 2025 18:56 GMT+3)

Date: Jun 18, 2025 Email: compliance@amvholdings.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.-
- Fill in the date the permit was approved by the council or board: 6-23-25
- Fill in the permit number issued by the city/county: —
- 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

Alohma - Kure - Lake Manawa - Tobacco License - Renewal Application - 2025

Final Audit Report 2025-06-18

Created:	2025-06-18
By:	Brandon Turner (brandon.turner@amvholdings.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAc0DU2HmarF18vtT0xrdZAddqWY1rqbXL

"Alohma - Kure - Lake Manawa - Tobacco License - Renewal Application - 2025" History

Document created by Brandon Turner (brandon.turner@amvholdings.com)
2025-06-18 - 3:42:53 PM GMT

Document emailed to sam@amvholdings.com for signature
2025-06-18 - 3:43:38 PM GMT

Email viewed by sam@amvholdings.com
2025-06-18 - 3:55:18 PM GMT

Signer sam@amvholdings.com entered name at signing as Sameh Salaymeh
2025-06-18 - 3:56:02 PM GMT

Document e-signed by Sameh Salaymeh (sam@amvholdings.com)
Signature Date: 2025-06-18 - 3:56:04 PM GMT - Time Source: server

Agreement completed.
2025-06-18 - 3:56:04 PM GMT

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 / 01 / 25 through 06/30/ 26

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): Kwik Shop # 350527

Iowa sales and use tax account number: 0-00-009420

Retail address: 3632 Avenue G City: Council Bluffs State: IA ZIP: 51501

Mailing address: 165 Flanders Road City: Westborough State: MA ZIP: 01581

Phone: 712-323-1208

Legal Ownership Information:

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

Name of sole proprietor, partnership, corporation, LLC, or LLP: Kwik Shop # 350527

Primary office address: 165 Flanders Road City: Westborough State: MA ZIP: 01581

Phone: 508-270-1400 Fax: _____ Email: IA-Retail-Licensing@eg-america.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: Russ Colaco Title: President

Address: 165 Flanders Road

City: Westborough State: MA ZIP: 01581

Name: Lisa N'Chonon Title: Treasurer

Address: 165 Flanders Road

City: Westborough State: MA ZIP: 01581

Name: Laura Sherman Title: Secretary

Address: 165 Flanders Road

City: Westborough State: MA ZIP: 01581

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: Laura Sherman

Authorized Signature: [signature]

Date: 6/10/25 Email: IA-Retail-Licensing@eg-america.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: 6-23-25
- Fill in the permit number issued by the city/county:
- 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

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 / 01 / 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): Latino Market

Iowa sales and use tax account number: 178025418

Retail address: 1535 Ave. G City: Council Bluffs State: IA ZIP: 51501

Mailing address: 1535 Ave. G City: Council Bluffs State: IA ZIP: 51501

Phone: 402-212-9608

Legal Ownership Information:

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

Name of sole proprietor, partnership, corporation, LLC, or LLP: Latino Market, LLC

Primary office address: 308 Oak Ridge View Cir. City: Council Bluffs State: IA ZIP: 51503

Phone: 402-212-9608 Fax: _____ Email: alfredollc@yahoo.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: Carlos A Monge Title: Owner
Address: 308 Oak Ridge View cir
City: Co Bluffs State: IA ZIP: 51503
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: _____

Authorized Signature: _____

Date: 6/16/25 Email: dlfredoll@yahoo.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: 6-23-25
- Fill in the permit number issued by the city/county: —
- 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

Retail Tobacco License Review

CITY OF COUNCIL BLUFFS
1909373801

Application Information

Legal Ownership Information

Name of sole proprietor, partnership, corporation, LLC, or LLP	: TFL INC
Type of ownership	: Corporation
Primary office address	: 202 S 73RD ST OMAHA NE 68114-4616
Legal Ownership Phone	: 402-399-5377
Legal Ownership Email	: alyssa@megasaver.com

Application Information

City/County Permit Number	: 1235596
Sales and Use Permit Number	: 178025865
Location Name	: MEGA SAVER
Location Phone Number	: 712-265-2126
Location Address	: 3540 W BROADWAY COUNCIL BLFS IA 51501-3212
Location Mailing Address	: 202 S 73RD ST OMAHA NE 68114-4616
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	SAMIEV, ABDURASHID	202 S 73RD ST OMAHA NE 68114-4616
vp	SAMIEV, KAMOL	202 S 73RD ST OMAHA NE 68114-4616

Suppliers List

AMCON

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	: TFL INC
Type of ownership	: Corporation
Primary office address	: 202 S 73RD ST OMAHA NE 68114-4616
Legal Ownership Phone	: 402-399-5377
Legal Ownership Email	: alyssa@megasaver.com

Application Information

City/County Permit Number	: 1235603
Sales and Use Permit Number	: 301506324
Location Name	: MEGA SAVER
Location Phone Number	: 712-323-7765
Location Address	: 1749 W BROADWAY COUNCIL BLUFFS IA 51501-3822
Location Mailing Address	: 202 S 73RD ST OMAHA NE 68114-4616
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	SAMIEV, ABDURASHID	202 S 73RD ST OMAHA NE 68114-4616
vp	SAMIEV, KAMOL	202 S 73RD ST OMAHA NE 68114-4616

Suppliers List

AMCON

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	: T.F.G.A., LLC
Type of ownership	: Limited Liability Company
Primary office address	: 3607 9TH AVE COUNCIL BLUFFS IA 51501-5633
Legal Ownership Phone	: 402-399-5377
Legal Ownership Email	: alyssa@megasaver.com

Application Information

City/County Permit Number	: 1235598
Sales and Use Permit Number	: 178027205
Location Name	: MEGA SAVER
Location Phone Number	: 712-796-3494
Location Address	: 3607 9TH AVE COUNCIL BLFS IA 51501
Location Mailing Address	: 202 S 73RD ST OMAHA NE 68114-4616
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
VP	SAMIEV, KAMOL	202 S 73RD ST OMAHA NE 68114-4616

Suppliers List

AMCON

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	: TFL INC
Type of ownership	: Corporation
Primary office address	: 202 S 73RD ST OMAHA NE 68114-4616
Legal Ownership Phone	: 402-399-5377
Legal Ownership Email	: alyssa@megasaver.com

Application Information

Sales and Use Permit Number	: 306700526
Location Name	: MEGA SAVER
Location Phone Number	: 531-354-4727
Location Address	: 1305 N 25TH ST COUNCIL BLUFFS IA 51501-0852
Location Mailing Address	: 202 S 73RD ST OMAHA NE 68114-4616
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
president	SAMIEV, ABDURASHID	202 S 73RD ST OMAHA NE 68114-4616
vp	SAMIEV, KAMOL	202 S 73RD ST OMAHA NE 68114-4616

Suppliers List

AMCON

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	: B AND R STORES INC
Type of ownership	: Corporation
Primary office address	: 1141 N BROADWAY COUNCIL BLUFFS IA 51503-1513
Legal Ownership Phone	: 402-464-6297
Legal Ownership Phone Extension	: 4932
Legal Ownership Fax	: 402-434-7393
Legal Ownership Email	: Becky@brstores.com

Application Information

City/County Permit Number	: 1230024
Sales and Use Permit Number	: 178019372
Location Name	: SUPER SAVER #12
Location Phone Number	: 712-322-8778
Location Address	: 1141 N BROADWAY COUNCIL BLUFS IA 51501
Location Mailing Address	: PO BOX 5824 LINCOLN NE 68505-0824
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
CHAIRMAN OF THE BOARD	RAYBOULD, PATRICK	9501 EASTVIEW RD LINCOLN NE 68505-7832

Suppliers List

CORE-MARK US, LLC
ASSOCIATED WHOLESALE GROCERS

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