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 / 25 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): Atherton Automotive Service

Iowa sales and use tax account number: 78-017622

Retail address: 2900 W. Bdwy City: Council Bluffs State: IA ZIP: 51501

Mailing address: _____ City: _____ State: ____ ZIP: _____

Phone: 712-322-2900

Legal Ownership Information:

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

Name of sole proprietor, partnership, corporation, LLC, or LLP: Atherton Automotive Center Inc.

Primary office address: 2900 W. Bdwy City: Council Bluffs State: IA ZIP: 51501

Phone: _____ Fax: _____ Email: matt@athertonauto.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):

Alcohol # LG0001000 / Food Sales # 60781 / Ia Lottery # 275728

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: Matthew Atherton Sr. Title: President

Address: 19675 Perry Rd

City: Council Bluffs State: Iowa 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: Matthew Atherton Sr.

Authorized Signature: Matthew Atherton Sr.

Date: 6-24-25 Email: matt@athertonauto.com

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

FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

- Fill in the amount paid for the permit: $100.00
- Fill in the date the permit was approved by the council or board: 7-1-25
- 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	: TRACE ENTERPRISES INC
Type of ownership	: Corporation
Primary office address	: 17709 DOOLEY DR COUNCIL BLUFFS IA 51503-8667
Legal Ownership Phone	: 402-659-2973
Legal Ownership Email	: ddoebelin@cox.net

Application Information

City/County Permit Number	: 1235063
Sales and Use Permit Number	: 178025669
Location Name	: D & S XPRESS
Location Phone Number	: 712-322-4403
Location Address	: 2924 N BROADWAY COUNCIL BLFS IA 51503-0307
Location Mailing Address	: 2924 N BROADWAY COUNCIL BLUFFS IA 51503-0307
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, 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	DOEBELIN, DON	2924 N BROADWAY COUNCIL BLUFFS IA 51503-0307

Suppliers List

Core Mark Farner Bocken

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	: TRACE ENTERPRISES INC
Type of ownership	: Corporation
Primary office address	: 17709 DOOLEY DR COUNCIL BLUFFS IA 51503-8667
Legal Ownership Phone	: 402-659-2973
Legal Ownership Email	: ddoebelin@cox.net

Application Information

Sales and Use Permit Number	: 307108425
Location Name	: D & S XPRESS
Location Phone Number	: 172-322-2170
Location Address	: 1220 N 25TH ST COUNCIL BLUFFS IA 51501-0849
Location Mailing Address	: 2924 N BROADWAY COUNCIL BLUFFS IA 51503-0307
Renewal	: No
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, 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	DOEBELIN, DON	2924 N BROADWAY COUNCIL BLUFFS IA 51503-0307

Suppliers List

Core Mark Farner Bocken

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	: TRACE ENTERPRISES INC
Type of ownership	: Corporation
Primary office address	: 17709 DOOLEY DR COUNCIL BLUFFS IA 51503-8667
Legal Ownership Phone	: 402-659-2973
Legal Ownership Email	: ddoebelin@cox.net

Application Information

Sales and Use Permit Number	: 307108525
Location Name	: D & S XPRESS
Location Phone Number	: 712-366-1132
Location Address	: 4040 S EXPRESSWAY ST COUNCIL BLUFFS IA 51501-8213
Location Mailing Address	: 2924 N BROADWAY COUNCIL BLUFFS IA 51503-0307
Renewal	: No
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, 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	DOEBELIN, DON	2924 N BROADWAY COUNCIL BLUFFS IA 51503-0307

Suppliers List

Core Mark Farner Bocken

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): Generation V Inc.

Iowa sales and use tax account number: 1507005502

Retail address: 2015 W. Broadway Ste. 2 City: Council Bluffs State: IA ZIP: 51501

Mailing address: 6131 S. 57th St. Ste. C City: Lincoln State: NE ZIP: 68516

Phone: 712-796-4485

Legal Ownership Information:

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

Name of sole proprietor, partnership, corporation, LLC, or LLP: Generation V Inc.

Primary office address: 6131 S. 57th St. Ste. C City: Lincoln State: NE ZIP: 68516

Phone: 402-904-1022 Fax: N/A Email: tony@generationv.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: Anthony Munson Title: Finance Analyst

Address: 6131 s 57th ST STE C

City: Lincoln State: NE ZIP: 68516

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: Anthony Munson

Authorized Signature: _____

Date: 6/24/2025 Email: tony@generationv.com

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

FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

- Fill in the amount paid for the permit: $100.00
- Fill in the date the permit was approved by the council or board: 7-1-25
- 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	: FROEHLICH, RODNEY
Type of ownership	: Sole Proprietor
Primary office address	: 2034 N 64TH ST OMAHA NE 68104-4714
Legal Ownership Phone	: 712-323-0404
Legal Ownership Email	: froehlich@centurylink.net

Application Information

City/County Permit Number	: 1230025
Sales and Use Permit Number	: 178026429
Location Name	: PHEROMONES GLASS & GIFTS LLC
Location Phone Number	: 402-913-5386
Location Address	: 1417 W BROADWAY STE B COUNCIL BLFS IA 51501
Location Mailing Address	: 2034 N 64TH ST OMAHA NE 68104-4714
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

Suppliers List

Maverick Distribution
6210 Abbott Dr
Omaha, NE 68110
402-991-9739

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 06/30/26

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): RT Convenient Store LLC

Iowa sales and use tax account number: 170811320 00

Retail address: 1602 Avenue G City: Council Bluffs State: IA ZIP: 51501

Mailing address: 1602 Avenue G City: Council Bluffs State: IA ZIP: 51501

Phone: 712 890 5076

Legal Ownership Information:

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

Name of sole proprietor, partnership, corporation, LLC, or LLP: RT Convenient Store LLC

Primary office address: 1602 Avenue G City: Council Bluffs State: IA ZIP: 51501

Phone: 402-515-4758 Fax: _____ Email: elsawolseb@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? If yes, provide permit number(s):

_____

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

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

Name: Tesfit Grebreyesus Title: Coowner
Address: 1602 Avenue G street
City: Council Bluffs State: Iowa ZIP: 51501
Name: Rezene Emahatsion Title: Co-owner
Address: 8506 Izard Street
City: Omaha State: NE ZIP: 68114

Name: Elsa - Woldeab Title: Co-Owner

Address: 1602 Avenue G

City: Council Bluffs State: Iowa ZIP: 51501

If this application is approved and a permit is granted, I/we do hereby bind ourselves to a faithful observance of the laws governing the sale of cigarettes, tobacco, alternative nicotine, and vapor products. I declare under penalties of perjury or false certificate, that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

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

Printed name: Tesfit Gebreyesus Printed name:

Signature: Tesfit Signature:

Date: June-19-2025 Date:

Printed name: Rezene Emahatsion

Signature:

Date: 06/19/2025

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

FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

- Fill in the amount paid for the permit: $100.00
- Fill in the date the permit was approved by the council or board: 7-1-25
- 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	: WESTERN OIL II LLC
Type of ownership	: Limited Liability Company
Primary office address	: 2301 S 24TH ST COUNCIL BLUFFS IA 51501-6948
Legal Ownership Phone	: 402-376-2224
Legal Ownership Email	: susan@westernoilinc.com

Application Information

City/County Permit Number	: 1221515
Sales and Use Permit Number	: 178025768
Location Name	: SPEEDEE MART 1512
Location Phone Number	: 712-322-9731
Location Address	: 3624 9TH AVE COUNCIL BLFS IA 51501
Location Mailing Address	: PO BOX 10 VALENTINE NE 69201-0010
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
MANAGING MEMBER	MOSER, LUKE	PO BOX 10 633 W HWY 20/ VALENTINE NE 69201-0010

Suppliers List

Core Mark (Farner Bocken)

Wahoo Warehouse

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	: WESTERN OIL II LLC
Type of ownership	: Limited Liability Company
Primary office address	: 2301 S 24TH ST COUNCIL BLUFFS IA 51501-6948
Legal Ownership Phone	: 402-376-2224
Legal Ownership Email	: susan@westernoilinc.com

Application Information

City/County Permit Number	: 1221516
Sales and Use Permit Number	: 178027122
Location Name	: SPEEDEE MART 1515
Location Phone Number	: 712-796-3524
Location Address	: 2301 S 24TH ST COUNCIL BLFS IA 51501
Location Mailing Address	: PO BOX 10 VALENTINE NE 69201-0010
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
MANAGING MEMBER	MOSER, LUKE	PO BOX 10 633 W HWY 20/ VALENTINE NE 69201-0010

Suppliers List

Core Mark (Farner Bocken)

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	: JERUSALEM PETROLUM LLC DBA SPEEDY G
Type of ownership	: Corporation
Primary office address	: 430 S 35TH ST STE 1 COUNCIL BLUFFS IA 51501-3295
Legal Ownership Phone	: 402-917-6675
Legal Ownership Email	: plusautollc@hotmail.com

Application Information

City/County Permit Number	: 1234209
Sales and Use Permit Number	: 178025299
Location Name	: SPEEDY GAS N SHOP
Location Phone Number	: 712-256-3473
Location Address	: 430 S 35TH ST STE 1 COUNCIL BLFS IA 51501-3295
Location Mailing Address	: 430 S 35TH ST STE 1 COUNCIL BLUFFS IA 51501-3295
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	HALE, ALEX	430 S 35TH ST STE 1 COUNCIL BLUFFS IA 51501-3295
OWNER	FARRA, ALBERT	430 S 35TH ST STE 1 COUNCIL BLUFFS IA 51501-3295

Suppliers List

cashway dist
wildhorse

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): Speedy Gas N Shop

Iowa sales and use tax account number: 3-05-400723

Retail address: 2024 5th Ave City: Council Bluffs State: IA ZIP: 51501

Mailing address: 2024 5th Ave City: Council Bluffs State: IA ZIP: 51501

Phone: 402-917-1708

Legal Ownership Information:

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

Name of sole proprietor, partnership, corporation, LLC, or LLP: IN-N-OUT STP LLC

Primary office address: 2024 5th Ave City: Council Bluffs State: IA ZIP: 51501

Phone: 402-917-1708 Fax: _____ Email: plusAUTOLLC@hotmail.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: Ismail Alfarra Title: Owner
Address: 2024 5th Ave
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: Ismail Alfaraj

Authorized Signature: _____

Date: 6/24/25 Email: PlusAutoLlc@hotmail.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: 7-1-25
- 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	: ARMANI, NEIL
Type of ownership	: Limited Liability - Single Member
Primary office address	: 7532 LEGACY ST PAPILLION NE 68046-4240
Legal Ownership Phone	: 210-815-3228
Legal Ownership Email	: armanineil@yahoo.com

Application Information

Sales and Use Permit Number	: 307300421
Location Name	: TOBACCO HUT
Location Phone Number	: 712-366-1873
Location Address	: 3134 MANAWA CENTRE DR STE 9 COUNCIL BLUFFS IA 51501-7690
Location Mailing Address	: 3134 MANAWA CENTRE DR STE 9 COUNCIL BLUFFS IA 51501-7690
Renewal	: No
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, Liquor store, Tobacco store
Types of Products Sold	: Cigarettes, Tobacco, Vapor Products, Alternative Nicotine Products
Do you intend to make retail sales to ultimate consumers?	: Yes
Do you have other permits issued under Iowa Code chapter 453A at this retail location? If yes, provide permit number(s) in the next step:	: No

Corporate Officers

Title	Name	Address
Owner	ARMANI, NEIL	3134 MANAWA CENTRE DR STE 9 COUNCIL BLUFFS IA 51501-7690

Suppliers List

Coremark
Amcon
Hewett

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	: VAPOR MAVEN IA LLC
Type of ownership	: Limited Liability Company
Primary office address	: 2320 W BROADWAY COUNCIL BLUFFS IA 51501-3614
Legal Ownership Phone	: 479-439-2570
Legal Ownership Email	: omar@vapormaven.com

Application Information

City/County Permit Number	: 1239731
Sales and Use Permit Number	: 307001710
Location Name	: VAPOR MAVEN
Location Phone Number	: 479-439-2570
Location Address	: 2320 W BROADWAY COUNCIL BLUFFS IA 51501-3614
Location Mailing Address	: 1394 W SUNSET AVE SPRINGDALE AR 72764-5242
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	: 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	THIND, HARMINDER	1394 W SUNSET AVE SPRINGDALE AR 72764-5242

Suppliers List

Amcon
Midwest Distribution
Demand Vape
Cali Kulture
Happy Distro
Empire Imports
Orba Distro
Leaf Distro
Streamline Group
Daddy Vapor
Coastal Clouds
Silverback Distro
New Gen Solutions

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