Retail Tobacco License Review

CITY OF COUNCIL BLUFFS
1909373801

Application Information

Legal Ownership Information

Name of sole proprietor, partnership, corporation, LLC, or LLP	: LALA INC
Type of ownership	: Corporation
Primary office address	: 3500 AVENUE A COUNCIL BLUFFS IA 51501-1819
Legal Ownership Phone	: 712-256-4410
Legal Ownership Email	: cbquickstop@gmail.com

Application Information

City/County Permit Number	: 1229468
Sales and Use Permit Number	: 178025226
Location Name	: CB QUICK STOP
Location Phone Number	: 712-256-4410
Location Address	: 3500 AVENUE A COUNCIL BLFS IA 51501-1819
Location Mailing Address	: 3500 AVENUE A COUNCIL BLUFFS IA 51501-1819
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	MEHMOOD, KHALID	924 S 180TH AVE ELKHORN NE 68022-6909

Suppliers List

1. Core-Mark
2. Maverick Distribution
3. Premier 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): CB ROLLIN VAPES

Iowa sales and use tax account number: 3004089280

Retail address: 2700 2nd Ave. Ste. 1 City: Council Bluffs State: IA ZIP: 51501

Mailing address: 2700 2nd Ave. Ste. 1 City: Council Bluffs State: IA ZIP: 51501

Phone: 531-222-4049

Legal Ownership Information:

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

Name of sole proprietor, partnership, corporation, LLC, or LLP: CB ROLLIN VAPES

Primary office address: 2700 2nd Ave. Ste. 1 City: Council Bluffs State: IA ZIP: 51501

Phone: 531-222-4049 Fax: _____ Email: cbrollinvapes@gmail.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: 2C3CCAGG1EH309724 License plate number: OWV-866

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: Coty Vallier Title: Owner
Address: ~~3305~~ 2700 2nd Ave Suite 1
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: Coty Vallier Owner

Authorized Signature: Coty Vallier

Date: 7-3-25 Email: CbRollinVapes@gmail.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: 7-14-25
- Fill in the permit number issued by the city/county: 13486102
- 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