Retail Tobacco License Review

CITY OF COUNCIL BLUFFS
1909373801

Application Information

Legal Ownership Information

Name of sole proprietor, partnership, corporation, LLC, or LLP	: J & R LIQUOR LLC
Type of ownership	: Corporation
Primary office address	: 15259 214TH ST COUNCIL BLUFFS IA 51503-7205
Legal Ownership Phone	: 712-323-1807
Legal Ownership Email	: r.legacyhome@yahoo.com

Application Information

Sales and Use Permit Number	: 178024869
Location Name	: I-80 LIQUOR
Location Phone Number	: 712-323-1807
Location Address	: 2411 S 24TH ST STE 1 COUNCIL BLUFFS IA 51501-7478
Location Mailing Address	: 1200 CRESCENT DR COUNCIL BLUFFS IA 51503-1339
Renewal	: No
Start Date	: 15-Jul-2025
End Date	: 30-Jun-2026
License Fee	: 100.00
Types of Sales	: Over the Counter
Type of Establishment	: 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	EHRENBERG, WILLIAM	2411 S 24TH ST STE 1 COUNCIL BLUFFS IA 51501-7478

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) 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): Sapp Bros Inc (Travel Center)

Iowa sales and use tax account number: 47-07-20019

Retail address: 2608 S. 24th St. City: Council Bluffs State: IA ZIP: 51501

Mailing address: N/A City: _____ State: ____ ZIP: _____

Phone: 712-322-3000

Legal Ownership Information:

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

Name of sole proprietor, partnership, corporation, LLC, or LLP: Sapp Bros Inc.

Primary office address: 9915 S. 148th St City: Omaha State: NE ZIP: 68138

Phone: 402-895-1038 Fax: N/A Email: Chanks@SappBros.net
Jmunson@SappBros.net

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: China Hanks Title: GM
Address: 2608 S. 24th
City: Council Bluffs State: IA ZIP: 51501
Name: Tyler Marsh Title: CFO

Address: 9915 S. 148th St.

City: Omaha State: NE ZIP: 68138

Name: Andrew Richards Title: CEO

Address: 9915 S. 148th St.

City: Omaha State: NE ZIP: 68138

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: China Hanks

Authorized Signature: China Hanks

Date: 7/17/2025 Email: Chanks@Sappbros.net

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: 7/28/25
- Fill in the permit number issued by the city/county: 1350823
- 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) July / 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): TA Operating LLC d/b/a Travelcenters of America

Iowa sales and use tax account number: 179007549

Retail address: 3210 South Seven Street City: Council Bluffs State: IA ZIP: 51501

Mailing address: 255 Washington Street City: Newton State: MA ZIP: 02458

Phone: 617.750.9387

Legal Ownership Information:

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

Name of sole proprietor, partnership, corporation, LLC, or LLP: TA Operating LLC

Primary office address: 255 Washington Street City: Newton State: MA ZIP: 02458

Phone: 617.750.9387 Fax: —— Email: egambo@ta-petro.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: See attached list. 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: Erin Gamboa, Paralegal

Authorized Signature: TA Operating LLC By: _____

Date: 7·23·25 Email: egamboa@ta-petro.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.

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- Email: iapledge@iowaabd.com
- Fax: 515-281-7375

TA Operating LLC
Executive Officers & Directors

Name	Title	Address			
Boffa, Deborah C.	Chief Executive Officer	24601 Center Ridge Road, Westlake, OH 44145			
Franks, Gregory A.	President & Chairman, Director	24601 Center Ridge Road, Westlake, OH 44145			
Rajalingam, Babu V.	Vice President & CFO	24601 Center Ridge Road, Westlake, OH 44145			
Polachek, Michael J.	Vice President & Director	24601 Center Ridge Road, Westlake, OH 44145			
Alvarado, Jason E.	Secretary	501 Westlake Park Boulevard, Houston, TX 77079			
Castillo Cheng, Mayrena M.	Director	30 South Wacker Drive, Chicago, IL 60606			