



**Council Agenda, City of Council Bluffs, Iowa  
Special Meeting July 1, 2025, 8:30 AM  
Council Chambers, 2nd Floor, City Hall  
209 Pearl Street**

**AGENDA**

**1. PLEDGE OF ALLEGIANCE**

**2. CALL TO ORDER**

**3. RESOLUTIONS**

A. Resolution 25-175

Resolution confirming the appointment of Anthony Clowe as Assistant City Attorney II and declaring an effective date.

B. Resolution 25-176

Resolution confirming the appointment of Whitney Jacque as Assistant City Attorney II and declaring an effective date.

**4. APPLICATIONS FOR PERMITS AND CANCELLATIONS**

A. Retail Tobacco Permit - Renewals (13)

B. Retail Device Permit - (2)

**5. CITIZENS REQUEST TO BE HEARD**

**6. OTHER BUSINESS**

**7. ADJOURNMENT**

**DISCLAIMER:**

*If you plan on attending this meeting and require assistance please notify the City Clerk's office at (712) 890-5261, by 5:00 p.m., three days prior to the meeting.*

## Council Communication

Department: City Clerk  
Case/Project No.:  
Submitted by: Mimi Dobson

Resolution 25-175  
ITEM 3.A.

Council Action: 7/1/2025

### Description

Resolution confirming the appointment of Anthony Clowe as Assistant City Attorney II and declaring an effective date.

### Background/Discussion

### Recommendation

### ATTACHMENTS:

Description	Type	Upload Date
Resolution 25-175	Resolution	6/27/2025

**RESOLUTION NO. 25-175**

**A RESOLUTION CONFIRMING THE APPOINTMENT OF ANTHONY CLOWE AS ASSISTANT CITY ATTORNEY II AND DECLARING AN EFFECTIVE DATE.**

**WHEREAS,** It is the recommendation of the City Attorney, Malina Dobson, that Anthony Clowe be appointed as Assistant City Attorney II; and

**WHEREAS,** It is recommended the effective date be July 14, 2025.

**NOW, THEREFORE, BE IT RESOLVED  
BY THE CITY COUNCIL  
OF THE  
CITY OF COUNCIL BLUFFS, IOWA**

That Anthony Clowe is hereby appointed to fill an Assistant City Attorney II position effective on July 14, 2025.

ADOPTED  
AND  
APPROVED

July 1, 2025.

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MATTHEW J. WALSH

Mayor

Attest:

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JODI QUAKENBUSH

City Clerk

## Council Communication

Department: City Clerk  
Case/Project No.:  
Submitted by:

Resolution 25-176  
ITEM 3.B.

Council Action: 7/1/2025

### Description

Resolution confirming the appointment of Whitney Jacque as Assistant City Attorney II and declaring an effective date.

### Background/Discussion

### Recommendation

### ATTACHMENTS:

Description	Type	Upload Date
Resolution 25-176	Resolution	6/27/2025

**RESOLUTION NO. 25-176**

**A RESOLUTION CONFIRMING THE APPOINTMENT OF WHITNEY JACQUE AS ASSISTANT CITY ATTORNEY II AND DECLARING AN EFFECTIVE DATE.**

**WHEREAS,** It is the recommendation of the City Attorney, Malina Dobson, that Whitney Jacque be appointed as Assistant City Attorney II; and

**WHEREAS,** It is recommended the effective date be July 29, 2025.

**NOW, THEREFORE, BE IT RESOLVED  
BY THE CITY COUNCIL  
OF THE  
CITY OF COUNCIL BLUFFS, IOWA**

That Whitney Jacque is hereby appointed to fill an Assistant City Attorney II position effective on July 29, 2025.

ADOPTED  
AND  
APPROVED

July 1, 2025.

\_\_\_\_\_  
MATTHEW J. WALSH

\_\_\_\_\_  
Mayor

Attest:

\_\_\_\_\_  
JODI QUAKENBUSH

\_\_\_\_\_  
City Clerk

## Council Communication

Department: City Clerk

Retail Tobacco Permit - Renewals

Case/Project No.:

(13)

Council Action: 7/1/2025

Submitted by:

ITEM 4.A.

### Description

### Background/Discussion

### Recommendation

### ATTACHMENTS:

Description

Tobacco Permit Renewals

Type

Other

Upload Date

6/27/2025

**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: mat@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](mailto: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
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# 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
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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: 1507005502Retail address: 2015 W. Broadway Ste. 2 City: Council Bluffs State: IA ZIP: 51501Mailing address: 6131 S. 57th St. Ste. C City: Lincoln State: NE ZIP: 68516Phone: 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: 68516Phone: 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 AnalystAddress: 6131 s 57th ST STE CCity: 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
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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
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**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 LLCIowa sales and use tax account number: 1708113200Retail address: 1602 Avenue G St City: Council Bluffs State: IA ZIP: 51501Mailing address: 1602 Avenue G St City: Council Bluffs State: IA ZIP: 51501Phone: 712 896 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 LLCPrimary office address: 1602 Avenue G City: Council Bluffs State: IA ZIP: 51501Phone: 402-515-4750 Fax: \_\_\_\_\_ Email: e.sawolseb@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. Gebreyesus Title: CoownerAddress: 1602 Avenue G streetCity: Council Bluffs State: Iowa ZIP: 51501Name: Rezene Emahatien Title: Co-ownerAddress: 8506 Tzard StreetCity: 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: Retene Emohation  
 Signature: [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](mailto: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
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## 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 ShopIowa sales and use tax account number: 3-05-400723Retail address: 2024 5th Ave City: Council Bluffs State: IA ZIP: 51501Mailing address: 2024 5th Ave City: Council Bluffs State: IA ZIP: 51501Phone: 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 SHP LLCPrimary office address: 2024 5th Ave City: Council Bluffs State: IA ZIP: 51501Phone: 402-917-1708 Fax: \_\_\_\_\_ Email: PLB AUTO LLC@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 Alfama Title: ownerAddress: 2024 5th AveCity: 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 AlfaraAuthorized Signature: [Signature]Date: 6/24/25 Email: Plus Auto LLC @ 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](mailto: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

## Council Communication

Department: City Clerk  
Case/Project No.:  
Submitted by:

Retail Device Permit - (2)  
ITEM 4.B.

Council Action: 7/1/2025

### Description

### Background/Discussion

### Recommendation

### ATTACHMENTS:

Description	Type	Upload Date
Device Retail Permit	Other	6/27/2025



## Device Retailer License Review

CITY OF COUNCIL BLUFFS

1909373801

### Application Information

## Legal Ownership Information

Name of sole proprietor, partnership, : GENERATION V INC  
corporation, LLC, or LLP

Type of ownership : Corporation

Primary office address : 6131 S 57TH ST STE C LINCOLN NE 68516-5235

Legal Ownership Phone : 402-904-1022

Legal Ownership Phone Extension : NA

Legal Ownership Email : tony@generationv.com

## Application Information

Sales Permit Number: : 178026390

Location Name : **GENERATION V**

Location Phone Number : 712-796-4485

Location Address : 2015 W BROADWAY BAY 2 COUNCIL BLFS IA 51501

Location Mailing Address : 6131 S 57TH ST STE C LINCOLN NE 68516-5235

Renewal : No

Start Date : 26-Jun-2025

End Date : 30-Jun-2025

License Fee : 1,500.00

Types of Sales : Over the Counter

Type of Establishment : Alternative nicotine/vapor store

Does this retail location ensure that : Yes  
no person younger than 21 years of  
age is present or permitted to enter  
at any time?

## Corporate Officers

Title	Name	Address
Authorized Individual	MUNSON, ANTHONY	6131 S 57TH ST STE C LINCOLN NE 68516-5235

## 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.

Does this retailer hold a valid retail tobacco permit at this location?

Yes	No
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Select a Decision

Approve	Deny
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## Device Retailer License Review

CITY OF COUNCIL BLUFFS

1909373801

### Application Information

## Legal Ownership Information

Name of sole proprietor, partnership, : TFL INC  
corporation, LLC, or LLP

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 Permit Number: : 306700526

Location Name : MEGA SAVER

Location Phone Number : 712-328-9281

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 : 1,500.00

Types of Sales : Over the Counter

Type of Establishment : Convenience store/gas station

Does this retail location ensure that : Yes  
no person younger than 21 years of  
age is present or permitted to enter  
at any time?

## Corporate Officers

Title	Name	Address
Authorized Individual	SAMIEV, ABDURASHID	202 S 73RD ST OMAHA NE 68114-4616
Authorized Individual	SAMIEV, KAMOL	202 S 73RD ST OMAHA NE 68114-4616

## 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.

Does this retailer hold a valid retail tobacco permit at this location?

Yes	No
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Select a Decision

Approve	Deny
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