

Compliance Check Form FY 2025

Retailer:	Address:		
City:		State:	ZIP:
Results (check one):	Unable to Complete (not applicable)	If Unable to Complete the Compliance Check (check one)	
	Middle Initial: Case #: n to the clerk listed above for selling vapor products to a person under 453A.2(1).	alternative nicotine of Permit status verified The establishment in Nicotine or Vapor F The establishment is Condition". • "Unsatisfactory • Officer conducte • Explanation is real of the above real condition."	nd by City Clerk or County Auditor. no longer holds a valid Tobacco, Alternative Product Permit.
Officer Information (officer	<u> </u>	heck)	
Badge:	Department:		
Confidential Informant (CO) CI Age: 16 - 17 - 18 - 18 - 19 CI Gender: Male - Female CI Race: White - Asian/Pace CI Ethnicity: Not of Hispanic Orion Results of Attempted Pure	19	merican Indian/Alaskan I	ligits of Cl's ID) Native □ Unknown □
Attempted Purchase Item:	s Tobacco □ Other Tobacco Pr	roduct □ Vapor Prod	duct Alternative Nicotine Product
Age Requested? Yes □ No ID Requested? Yes □ No		Comments:	
Officer Signature	\$75		