

## Compliance Check Form FY 2025

<ul> <li>Trooper conducted a walk-through of the premises.</li> <li>Explanation is required in Comments Section below.</li> <li>Explanation is required in Comments Section below.</li> <li>If none of the above reasons apply, write the reason and explanation of the back of this form. See page 5 for a reason list.</li> <li>If none of the above reasons apply, write the reason and explanation of the back of this form. See page 5 for a reason list.</li> </ul>	Retailer:	Address:	
(not applicable)       The establishment has a valid permit, but does not sell tobacco, alternative nicotine or vapor products.         Date Checked:       Non-Compliant       Image: Second S	City:		State: ZIP:
Date Checked:       Compliant       alternative nicotine or vapor products.         Time Checked:       Non-Compliant       Permit status verified by City Clerk or County Auditor.         Clerk Information: Male       Female       The establishment no longer holds a valid Tobacco, Alternative Nicotine or Vapor Product Permit.         Clerk Information: Male       Female       The establishment is out of business.         Image:       Middle Initial:       The establishment is designated as an "Unsatisfactory Condition".         Last Name:       Case #:       The establishment is designated as an "Unsatisfactory Condition".         Last Name:       Case #:       The establishment is designated as an "Unsatisfactory Condition".         Last Name:       Case #:       The establishment is designated as an "Unsatisfactory Condition".         Last Name:       Case #:       Tooper conducted a walk-through of the premises.         Explanation is required in Comments Section below.       If none of the above reasons apply, write the reason and explanation of the back of this form. See page 5 for a reason list.         If none of the above reasons apply, write the reason and explanation or the back of this form. See page 5 for a reason list.         If age:       Department:       Last Name:         Confidential Informati (Cl)       Cl Number:       Last Name:         Cl Gender:       Male       Permit Origin       Hispanic Origi	Results (check one):		<ul> <li>The establishment has a valid permit, but does not sell tobacco, alternative nicotine or vapor products. Permit status verified by City Clerk or County Auditor.</li> <li>The establishment no longer holds a valid Tobacco, Alternative</li> </ul>
Clerk Information: MaleFemale			
First Name:		·	
Last Name:       Case #:       • "Unsatisfactory Condition":         Last Name:       Case #:       • "Unsatisfactory Condition "as verified by IDR PC/ Investigatory conducts a valk-through of the premises.         I have issued a criminal citation to the clerk listed above for selling age twenty-one. Iowa Code § 453A.2(1).       • "Unsatisfactory Condition":         (NOTE: If the compliance check result is Non-Compliant, a citation must be issued before your department may receive payment.)       If none of the above reasons apply, write the reason and explanation of the back of this form. See page 5 for a reason list.         Trooper Information (trooper that conducted the compliance check)       First Name:	(Name (only required if Non-Complian	it)	□ The establishment <b>is out of business</b> .
<ul> <li>There issued a criminal citation to the clerk listed above for selling tobacco, alternative nicotine or vapor products to a person under age twenty-one. Iowa Code § 453A.2(1).</li> <li>(NOTE: If the compliance check result is Non-Compliant, a citation must be issued before your department may receive payment.)</li> <li>Trooper Information (trooper that conducted the compliance check)</li> <li>First Name: Middle Initial: Last Name:</li> <li>Badge: Department:</li> <li>Confidential Informant (CI)</li> <li>CI Age: 16 = 17 = 18 = 19 = 20 = CI Number: (Last 4 digits of CI's ID)</li> <li>CI Race: White = Asian/Pacific Islander = Black = American Indian/Alaskan Native = Unknown = CI Ethnicity: Not of Hispanic Origin = Hispanic Origin = Unknown = Ci garettes = Smokeless Tobacco = Other Tobacco Product = Vapor Product = Alternative Nicotine Product = Age Requested? Yes = No =</li> </ul>	First Name:	Middle Initial:	
I have issued a criminal citation to the clerk listed above for selling tobacco, alternative nicotine or vapor products to a person under age twenty-one. Iowa Code § 453A.2(1). INOTE: If the compliance check result is Non-Compliant, a citation must be issued before your department may receive payment.) <b>Trooper Information</b> (trooper that conducted the compliance check) First Name: Middle Initial: Last Name: <b>Confidential Informant (CI)</b> CI Age: 16 17 18 19 20 CI Number: (Last 4 digits of CI's ID) CI Race: White Asian/Pacific Islander Black American Indian/Alaskan Native Unknown <b>Results of Attempted Purchase</b> Attempted Purchase Item: Cigarettes Smokeless Tobacco Other Tobacco Product Vapor Product Alternative Nicotine Product	Last Name:	Case #:	• "Unsatisfactory Condition" was verified by IDR PC/ Investigator.
Trooper Information (trooper that conducted the compliance check)         First Name:	<ul> <li>tobacco, alternative nicotine or vapor products to a person under age twenty-one. Iowa Code § 453A.2(1).</li> <li>(NOTE: If the compliance check result is Non-Compliant, a citation must</li> </ul>		• Explanation is required in Comments Section below. If none of the above reasons apply, write the reason and explanation on
First Name: Middle Initial: Last Name:     Badge: Department:     Confidential Informant (CI)   Cl Age: 16 17 18 19 20 10   Cl Gender: Male Female Cl Number:   Cl Gender: Male Female Black American Indian/Alaskan Native Unknown Cl Ethnicity:   Not of Hispanic Origin Hispanic Origin Unknown Cl Ethnicity:     Results of Attempted Purchase   Attempted Purchase Item:   Cigarettes Smokeless Tobacco Other Tobacco Product Vapor Product Alternative Nicotine Product Age Requested?			
Badge:	Irooper Information (troop	er that conducted the compliance	e check)
Confidential Informant (CI) CI Age: 16 17 18 19 20 (Last 4 digits of CI's ID) CI Gender: Male Female CI Number: (Last 4 digits of CI's ID) CI Race: White Asian/Pacific Islander Black American Indian/Alaskan Native Unknown CI Ethnicity: Not of Hispanic Origin Hispanic Origin Unknown CI Ethnicity: Not of Hispanic Origin Hispanic Origin Unknown Cigarettes Smokeless Tobacco Other Tobacco Product Vapor Product Alternative Nicotine Product Age Requested? Yes No C	First Name:	Middle Initial:	Last Name:
Cl Age: 16 17 18 19 20 1 Cl Gender: Male Female Cl Number: (Last 4 digits of Cl's ID) Cl Race: White Asian/Pacific Islander Black American Indian/Alaskan Native Unknown Cl Ethnicity: Not of Hispanic Origin Hispanic Origin Unknown Cl Ethnicity: Not of Hispanic Origin Hispanic Origin Unknown Cl Ethnicity: Not of Hispanic Origin Other Tobacco Product Alternative Nicotine Product Age Requested? Yes No C	Badge:	Department:	
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Commontor	Attempted Purchase Item: Cigarettes	Tobacco 🗆 Other Tobacco Pr	roduct □ Vapor Product □ Alternative Nicotine Product □
	• •		Comments:
Trooper Signature			_