|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| STATE OF IOWA | | | | | | | | | | | | | | | | | | | | | | | |
| **RETAIL** | | | | | | | | | | | | | | | | | | | | | | | |
| ***CIGARETTE/TOBACCO/NICOTINE/VAPOR PERMIT*** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| County Number | | | | | | | | | | | | | | | | | |  | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| *In accordance with laws of the state of Iowa, and the action of* | | | | | | | | | | | | | | | | | | | | | | | |
| *the Board of Supervisors of* | | | | | | | |  | | | | | | | | | *Iowa* | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| (County) | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| *Business Location Name:* | | | |  | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| *Business Location Address:* | | | |  | | | | | | | | | | | | | | | | | | |  |
|  | | | |  | | | | | | | | | | | | | | | | | | |  |
| |  |  | | --- | --- | |  |  | | *Ownership Type:* |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| *Legal Owner Name:* | | | | |  | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| *Legal Owner Mailing Address:* | | | | |  | | | | | | | | | | | | | | | | | |  |
|  | | | | |  | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  | | --- | --- | | *Type of Sales:* |  | | | | | | | | | | | | | | | | | | | | | | | |  |
| *Is hereby authorized to sell cigarettes, tobacco, nicotine and vapor products*  *at the business location address above* | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| *in the City of* |  | | | | | | | *County of* | | | |  | | | | | | | *, Iowa.* | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| *This permit is nontransferable, is effective from* | | | | | | | | | |  | | | | *,20* | |  | | *and* | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| *automatically expires on June 30, 20* | | | | | | |  | | *, unless suspended or revoked.* | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | *In Testimony Whereof, I have caused the seal of the said* | | | | | | | | | | | | | | | | | | | | |  |
|  | | | County |  | | | | | | | | | | | | | | | | | | | |
|  | | | *to be hereunto affixed. Done at* | | | | | | | | | | |  | | | | | | | *,* | |
|  | |  | | | | | | | | | | | | | | | | | | | |  | |
|  | | *in the State of Iowa, this* | | | | | | | | |  | | *day of* | |  | | | | | *,20* |  | . | |
|  | |  | | | | | | | | | | | | | | | | | | | |  | |
|  | | *Issued By:* | | | |  | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | *County Auditor* | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| This copy to be posted by the retailer where the sale is to be made in plain view of the public. | | | | | | | | | | | | | | | | | | | | | | | |