

**Business name:** \_\_\_\_\_ **Bond number:** \_\_\_\_\_

Select the permits required for your business. If a business is required to obtain more than one type of permit, the bond requirements will be cumulative. Calculate the Total Bond Amount after making your selections.

<b>Permits or Licenses Requiring Bond (select all that apply)</b>	<b>Bond Amount</b>
<input type="checkbox"/> Cigarette Distributor Permit .....	\$2,500
<input type="checkbox"/> Tobacco Distributor License .....	\$1,000
<input type="checkbox"/> Cigarette Manufacturer Permit .....	\$5,000
<input type="checkbox"/> Cigarette Vendor Permit.....	\$1,000
<input type="checkbox"/> Cigarette Wholesaler Permit.....	\$2,500
<input type="checkbox"/> Cigarette Distributing Agent Permit .....	\$2,500
<input type="checkbox"/> Cigarette Railway Car Retailer Permit.....	\$ 500
<input type="checkbox"/> Alternative Nicotine or Vapor Product Delivery Seller Permit .....	\$1,000
<input type="checkbox"/> Cigarette Distributor and Tobacco Distributor.....	\$3,500
<input type="checkbox"/> Cigarette Wholesaler and Tobacco Subjobber .....	\$2,500
<input type="checkbox"/> Non-permittee Storing Interstate Cigarettes .....	\$5,000
<b>Total Bond Amount (add price of all bonds selected) .</b> .....	<b>\$</b> _____

**Bond Type**

- Cash
- Certificate of Deposit
- Surety (Fill out the information below)

**Principal**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Surety Company**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

The surety on this bond must be from a surety company authorized to do business in Iowa as approved by the Iowa Department of Insurance and Financial Services. If the term of a surety bond is ongoing or covers multiple years, additional certification documentation that the surety bond is still valid and sufficient is required. If the validity dates on a surety bond have expired, a new surety bond must be filed.

The parties listed hereby swear that a bond has been issued by the surety company listed on page one to the State of Iowa in the sum of \$\_\_\_\_\_.00 (Total Bond Amount) for monies the Principal(s) and all its successors are held responsible for by law.

The Principal(s) is or shall be a permit holder in accordance with Iowa Code chapter 453A. The Principal(s) will obey all provisions of the Iowa cigarette and tobacco products and delivery sales of alternative nicotine or vapor products tax law, and shall pay all taxes, fees, and other costs required by law.

This bond shall be effective for the permit year ending June 30, \_\_\_\_\_.

Surety Company (attach seal).

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.

Principal (print name): \_\_\_\_\_

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form is completed for a new Iowa permit, or if the bond changes. Include this form with a completed Annual State-Issued Application for Cigarette, Tobacco, or Delivery Seller Permit, form 70-015. Include a copy of the bond. **Submit all items to:**

Mailing Address:  
ATTN Cigarette Tax  
Iowa Department of Revenue  
Alcohol & Tax Compliance Division  
PO Box 10472  
Des Moines IA 50306-0472

OR  
Delivery Address:  
Iowa Department of Revenue  
Hoover Building  
1305 E Walnut  
Des Moines IA 50319

Bonding companies and sureties: Send the notice for relief from liability under the bond or cancellation of a bond to the Department by certified mail to:

ATTN Cigarette Tax  
Iowa Department of Revenue  
Alcohol & Tax Compliance Division  
PO Box 10465  
Des Moines IA 50306-0465

**Questions:** Contact us by phone at: 515-281-3114 or by email at: IDRCigarette@iowa.gov