

70-015a (04/24/2024)

# Annual State-Issued Application for Cigarette, Tobacco, or Delivery Seller Permit

revenue.iowa.gov

Use this form to apply for a state-issued cigarette, tobacco products, or delivery seller permit(s). If you need a retail permit issued by a local jurisdiction, use form 70-014. Cigarette, tobacco products, and delivery seller permits are regulated by Iowa Code sections 453A and 421B. You must also comply with Iowa Code sections 453C and 453D.

All questions on this application must be answered, all required fees must be remitted, and, if required, a completed

Iowa Cig		, or Delivery Seller E eriod (MM/DD/YYYY		•			
New □	Renewal	Permit number(s	s):				
		iness as (DBA):					
		Individual □					
Federal I	Employer Identif	ication Number (FE	IN):				
		(SSN) Owner/Sole F					
Permit c				ort/Return	n contact		
Name	/Title:			Name/Title	):		
	address of bus						
Street	or PO Box:						
	l address of bu						
•							
						ZIP:	
		condary location(s					
•							
						ZIP:	
Applicat Read the and type	tion type e instructions be	low carefully before nay impact the total	indicating the per	mit or licen	se type(s)	you are ap	plying for. The number cation is submitted and
conduction conduct application amounts type. For permit, ymanufac	ng the same actions. Refer to the and certain sport example, if you must submitturer permit.	ctivities. For examp vities you may obta e table on the last ecial circumstances ou want a cigarette one application for	le, if you are a ciquin duplicate perm page for informati Use a separate a distributor permit	garette dist its for those on about complication , including rmit, includ	tributor with the location duplicate programmer of the location of the locatio	th multiple I is rather that permits, the applying for (s), and a ate(s), and	ations in which you are locations at which you an submitting separate associated fees, bond more than one permit cigarette manufacturer one application for the
	1/621 Cigarette			□ 603	•	e Vendor	
-	•	licate permits? □ Y		-	-	duplicate pe	ermits? □ Yes□ No
-	6/626 Tobacco [			ii yes, ii	Ow many!		
	2 Cigarette M						

# Annual State-Issued Application for Cigarette, Tobacco, or Delivery Seller Permit page 2

	□ 604	Cigarette Wholesaler	Do you need any dupli	cate permits? □ Y	es 🗆 No	
	-	need any duplicate permits? $\square$ Yes $\square$ No				
		ow many?	☐ 611 Delivery Sell			
	□ 605	Tobacco Subjobber	Do you need any dupli	=		
	□ 607	Distributing Agent	If yes, how many?			
	□ 608	Railway Car Retailer				
1.	from warplica	separate sheet(s), provide all names, address whom you will purchase cigarette and other to ants must enclose letters from each manufacted OTP.	bacco products (OTP). New cig	garette and tobacco	distributor	
2.	On a cigaret	separate sheet(s), provide all brands purc ttes or OTP may be sold in lowa – any tment's website) is contraband and subject t as 453A and 453D.	brand not on the approved	brands list (availa	ble on the	
3.	On a	separate sheet(s), provide the names of an e if none.	y retailers that are directly affi	iliated with your o	ganization.	
4.	On a separate sheet(s), include a list of your customers. You must submit a list of known customers you intend to sell to. You must list each customer individually. If you are a new permittee, list the types of customers you intend to sell to.					
5.	List na retaile	ames (legal and DBA) and addresses of yours you sell to who purchase the largest quantitAddress (Sti	ty of product by number of units	sold.		
	Name:	Address (Str	reet/City/ZIP):			
6		Address (Sti		Yes □ No		
	<ul><li>Do you maintain a warehouse for wholesale sales of cigarettes?</li><li>Will your permit number be printed on delivery vehicles?</li></ul>		•	Yes □ No □		
	•				_	
	_	ette vendor permit only - applicants must a	<u> </u>			
		er of cigarette vending machines in use? whom do you purchase your cigarettes or OTF				
		a have your name and address on all of your v		Yes □		
	•	company name and permit number on all vehi	•		INO 🗆	
٦.	13 1110 (	sompany hame and permit hamber on all veri	oles used for transporting eigene	Yes □	No □	
5	Is the I	ocation of each machine covered by a local re	etail permit?	Yes □	No □	
		e vending machines located in an area that is	•			
		3	,	Yes □	No □	
7.	Are an	y non-tobacco products sold out of these ciga	rette vending machines?	Yes □	No □	
8.	On a s	eparate sheet(s), list the business name and	location of each cigarette vendir	ng machine.		
Lis		Department of Revenue permit numbers cu	•			
		·	•			
		Se:	Withholding:			
	Motor Fu	uel:	Other:			
lde	ntify pa	rtners or corporate officers (up to three) if	the business is not a sole pro	prietorship.		
l	Name/Ti	tle:		SSN:		
	Addre	ess:				
				ZIP:		



	Annual State-Issued Application for Cigarette, Tobacco, or D	
Address:		
	State:	
Name/Title:		SSN:
Address:		
	State:	
		t I am authorized to act on behalf of
the taxpayer, and will only act within my		
the taxpayer, and will only act within my Authorized Signature:	authority.	Date:
the taxpayer, and will only act within my Authorized Signature:  Title:	authority.	Date:
the taxpayer, and will only act within my Authorized Signature:  Title:  Note: A completed application is NOT	authorityEmail:	Date: Department with the applicable fee.

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

Delivery address:
lowa Department of Revenue
Hoover Building, Cigarette Tax

1305 E Walnut

Des Moines IA 50319

Questions: Contact us by telephone at: 515-281-3114 or by email at: <a href="mailto:lDRCigarette@iowa.gov">lDRCigarette@iowa.gov</a>

Visit the Iowa Department of Revenue at tax.iowa.gov to find information regarding minimum price, a list of approved brands, a list of licensed distributors, and answers to frequently asked questions.

To receive Department updates by email, visit tax.iowa.gov and click "Subscribe to Updates".

#### **General Instructions**

- Complete all applicable fields. A permit will not be issued until this application is properly completed and approved by the lowa Department of Revenue.
- Fill in the month, day, and years that this application covers.
- All permits expire annually on June 30.
- A new application must be submitted every year.

## **Business and Legal Ownership Information**

- Fill in the legal name/DBA name of the business.
- Check the ownership type of the business.
- Fill in the FEIN of the partnership, corporation, LLC, or LLP; or SSN of the sole proprietor that owns the business.
- Fill in the 10-digit phone number of the legal owner.
- Fill in the name/title, phone, and email of the permit contact. The permit contact is the individual authorized to discuss this application form during the application process. Designating a permit contact does not authorize that person to act on behalf of your business for other matters before the Department. The Department will not disclose tax information to a permit contact unless additional disclosure authorization has been obtained.
- Fill in the name/title, phone, and email of the report/return contact. The report/return contact is authorized to receive confidential information and discuss the reports and returns associated with this permit, but cannot act on behalf of the taxpayer for any other purpose without additional authorization. The Department will not disclose any other tax information to a report/return contact unless additional disclosure authorization has been obtained.

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70-015c (04/24/2024)

### Annual State-Issued Application for Cigarette, Tobacco, or Delivery Seller Permit Instructions

- Fill in the mailing address or PO Box, city, state, and ZIP code.
- Fill in the physical location address, city, and ZIP code. This is the address that will appear on the permit, if approved.
- Fill in the physical address of the secondary location, city, and ZIP code. This address(es) will appear on any duplicate permits, if approved.

#### **Application Type**

- Check the appropriate type of permit for which you are applying. Use a separate application if applying for multiple types. Iowa Code § 453A.1 and 453A.42.
- Indicate whether you would like a reduced-fee duplicate permit(s) for the permit type. Note: Not all permits are eligible for the reduced-fee duplicate. Refer to the table below.
- Indicate the number of duplicate permit(s) you would like, if duplicates are available for the permit type you are
  applying for. You must include a separate sheet that lists the address for each location that will have a
  duplicate permit.

#### **Permit Fees**

The fee is dependent on the month the permit is issued.

Permit Type and Bond	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun
Cigarette Distributor – Required bond \$2500.00 Cigarette Vendor* – Required bond \$1000.00 Cigarette Wholesaler – Required bond \$2500.00	\$100.00	\$75.00	\$50.00	\$25.00
Duplicate permit fee \$5.00/per location				
Tobacco Distributor** – Required bond \$1000.00	\$100.00	\$100.00	\$50.00	\$50.00
Tobacco Subjobber** – Required bond \$0.00	\$10.00	\$10.00	\$5.00	\$5.00
Cigarette Manufacturer – Required bond \$5000.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Delivery Seller</b> – Required bond \$1000.00  Duplicate permit fee \$5.00/per location	\$0.00	\$0.00	\$0.00	\$0.00
Distributing Agent – Required bond \$2500.00	\$100.00	\$75.00	\$50.00	\$25.00
Railway Car Retailer*** – Required bond \$500.00  Duplicate permit fee \$2.00/per location	\$25.00	\$18.75	\$12.50	\$6.25

<sup>\*</sup>Cigarette Vendor: Someone with a retailer's permit does not need a vendor's permit if the vending machine is owned by the retail permit holder and the machine is located in the place where the retail permit applies. Iowa Code section 453A.36(6); Iowa Administrative Code rule 701-255.1(3). Duplicate permits are required for the locations where the vendor operates, but not for each location where a vending machine is located for retail.

**Note**: Where a business is operating as both a <u>distributor and a wholesaler</u> at the same location, only one permit is required. See Iowa Code § 453A.13(8).

<sup>\*\*</sup>Tobacco Distributor and Subjobber: These permit fees will be zero, if the applicant is also applying for, or already has, a permit listed in Subchapter I of chapter 453A. lowa Code § 453A.44(4)(a) and 453A.44(5).

<sup>\*\*\*</sup>Railway Car Retailer: Application is made by the company operating the trains. Duplicates are required for each car in which cigarettes will be sold or stored. Iowa Code § 453A.23(1).