

## **Raceway Facility Retailer Identification**

revenue.iowa.gov

the start-up or termi	nation of a reta ovides notice to	vay shall notify the lowa De iler from collecting sales to the owner or operator tha endar year expires since th	ax at the racewant the retailer wil	ay. Termination occurs I no longer collect sales
Operator name:				
SSN or FEIN:	<del> </del>			
lowa sales tax perm	nit number:			
Current mailing add	ress:			
City:		State:	ZIP:	·
sales tax permit nur	mber. Please se	filled out. In column C use end this form and documer nue, P.O. Box 14454, Des	ntation to: Alcoh	•
Retailer Name	Permit Number	Address	FEIN	Contact Information Phone Number/Email Address
		enalties of perjury that I hat correct, and complete.	ave examined th	nis form, and to the best of
Name:		Date:		