

**1a Retail Permit Application**  
**Cigarette/Tobacco/Nicotine/Vapor**

https://tax.iowa.gov

**Instructions on the reverse side**

For period (MM/DD/YYYY) 07 / 01 / 2021 through June 30, 2022

\$75

I/we apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products:

**Business Information:**

Trade Name/DBA DOLLAR GENERAL STORE # 2378  
Physical Location Address 104 SMITH ST City BLOOMFIELD ZIP 52537-2140  
Mailing Address 100 MISSION RIDGE City GOODLETTSVILLE State TN ZIP 37072  
Business Phone Number 6412000655

**Legal Ownership Information:**

Type of Ownership: Sole Proprietor  Partnership  Corporation  LLC  LLP   
Name of sole proprietor, partnership, corporation, LLC, or LLP DOLGENCORP, LLC  
Mailing Address 100 MISSION RIDGE City GOODLETTSVILLE State TN ZIP 37072  
Phone Number 615-855-4000 Fax Number 877-364-4130 Email tax-beerandwinlicense@dollargeneral.com

**Retail Information:**

Types of Sales: Over-the-counter  Vending machine   
Do you make delivery sales of alternative nicotine or vapor products? (See Instructions) Yes  No   
Types of Products Sold: (Check all that apply)  
Cigarettes  Tobacco  Alternative Nicotine Products  Vapor Products

**Type of Establishment: (Select the option that best describes the establishment)**

Alternative nicotine/vapor store  Bar  Convenience store/gas station  Drug store   
Grocery store  Hotel/motel  Liquor store  Restaurant  Tobacco store   
Has vending machine that assembles cigarettes  Other  Retail - General Merchandise

If application is approved and permit granted, I/we do hereby bind ourselves to a faithful observance of the laws governing the sale of cigarettes, tobacco, alternative nicotine, and vapor products.

**Signature of Owner(s), Partner(s), or Corporate Official(s)**

Name (please print) \_\_\_\_\_ Name (please print) \_\_\_\_\_  
Signature \_\_\_\_\_ Signature Lawrence M. Gons  
Date \_\_\_\_\_ Date \_\_\_\_\_

Send this completed application and the applicable fee to your local jurisdiction. If you have any questions contact your city clerk (within city limits) or your county auditor (outside city limits).

**FOR CITY CLERK/COUNTY AUDITOR ONLY - MUST BE COMPLETE**

- Fill in the amount paid for the permit: \$75
- Fill in the date the permit was approved by the council or board: \_\_\_\_\_
- Fill in the permit number issued by the city/county: \_\_\_\_\_
- Fill in the name of the city or county issuing the permit: \_\_\_\_\_
- New  Renewal

Send completed/approved application to Iowa Alcoholic Beverage Control. Make sure the information is accurate only the applicant confirm:  
Vendor #309830 ✓  
Invoice #202202378TOBCITY13 ✓  
Batch #20925 \$ 75.00 ✓  
a receipt

- Email: rapieuge@iowaaba.com
- Fax: 515-281-7375

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