

Instructions on the reverse side

For period (MM/DD/YYYY) 09 / 01 / 22 through June 30, 23

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

Business Information:

Trade name/Doing business as: FAMILY DOLLAR #33123

Physical location address: 108 E. SOUTH City: BLOOMFIELD ZIP: 52537

Mailing address: FAMILY DOLLAR/LICENSING
500 VOLVO PKWY City: CHESAPEAKE State: VA ZIP: 23320

Business phone number: 757-321-5000

Legal Ownership Information:

Type of Ownership: Sole Proprietor Partnership Corporation LLC LLP

Name of sole proprietor, partnership, corporation, LLC, or LLP FAMILY DOLLAR STORES OF IOWA, LLC

Mailing address: 500 VOLVO PKWY City: CHESAPEAKE State: VA ZIP: 23320

Phone number: 757-321-5000 Fax number: _____ Email: _____

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 VARIETY

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): HARRY SPENCER

Name (please print): _____

Signature: 

Signature: _____

Date: 9/1/22

Date: _____

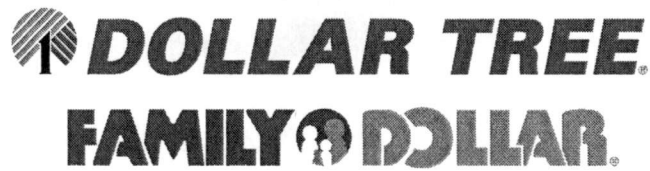
Send this completed application and the applicable fee to your local jurisdiction. If you have any questions contact your city clerk (within city limits) or your county auditor (outside city limits).

FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

- Fill in the amount paid for the permit: _____
- 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 Beverages Division within 30 days of issuance. Make sure the information on the application is complete and accurate. A copy of the permit does not need to be sent; only the application is required. It is preferred that applications are sent via email, as this allows for a receipt confirmation to be sent to the local authority.

- Email: iapledge@iowaabd.com
- Fax: 515-281-7375



Family Dollar Stores of Iowa, LLC

Peter Barnett

President
500 Volvo Parkway
Chesapeake, VA 23320
SSN: XXX-XX-8795
DOB: 11-20-1962

William A. Old, Jr.

Senior Vice President, Chief Legal Officer
General Counsel & Secretary
500 Volvo Parkway
Chesapeake, VA 23320
SSN: XXX-XX-2298
DOB: 08-14-1953

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Vice President
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DOB: 11-28-1957

Todd Littler

Vice President
500 Volvo Parkway
Chesapeake, VA 23320
SSN: XXX-XX-6249
DOB: 11/11/1970

Roger W. Dean

Vice President and Treasurer
500 Volvo Parkway
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SSN: XXX-XX-8278
DOB: 10-17-1971

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Assistant Secretary
500 Volvo Parkway
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DOB: 12-05-1963

Harry Spencer

Assistant Secretary
500 Volvo Parkway
Chesapeake, VA 23320
SSN: XXX-XX-8132
DOB: 02/10/1979

Christopher H. Williams

Vice President
500 Volvo Parkway
Chesapeake, VA 23320
SSN: XXX-XX-9245
DOB: 09/14/1970

February 1, 2022



Camisha Williams

Store Setup Coordinator



500 Volvo Parkway
Chesapeake, VA 23320

Phone: 757-321-5485

cawilliams@dollartree.com