

BLOOMFIELD CITY OF
111 W FRANKLIN STREET
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BLOOMFIELD52537

tax.iowa.gov

July-June 6/30/2024

INSTRUCTIONS on the reverse side

2378

For period (MM/DD/YYYY) 07 / 01 / 2023 through June 30, 2024

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

Business Information:

Trade name/Doing business as: Dollar General #

2378

\$75

Physical location address: 104 SMITH ST

City:

ZIP:52537-2140

BLOOMFIELD

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-beerandwinelicense@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): Lily Grace Castle

Name (please print):

Vendor #309830

Signature: Lily Grace Castle

Signature:

Invoice #202402378TOBCITY31

Batch #24738 \$75.00

Date: 5/1/2023

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

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