|  |
| --- |
| STATE OF IOWA |
| **RETAIL** |
| ***CIGARETTE/TOBACCO/NICOTINE/VAPOR PERMIT*** |
|  |
|   |
|  County Number |       |  |
|  |
|  |
| *In accordance with laws of the state of Iowa, and the action of* |
|  *the Board of Supervisors of*  |  | *Iowa* |
|  |
|  (County) |
|  |
|  |
| *Business Location Name:* |       |  |
|  |
| *Business Location Address:* |       |  |
|  |       |  |
|

|  |  |
| --- | --- |
|  |  |
| *Ownership Type:* |       |

 |
|  |
| *Legal Owner Name:* |       |  |
|  |
| *Legal Owner Mailing Address:* |       |  |
|  |       |  |
|  |
|

|  |  |
| --- | --- |
| *Type of Sales:* |  |

 |  |
| *Is hereby authorized to sell cigarettes, tobacco, nicotine and vapor products**at the business location address above* |  |
|  |
| *in the City of*  |       |  *County of*  |       | *, Iowa.* |
|  |
|  |
| *This permit is nontransferable, is effective from* |       | *,20* |  | *and* |
|  |
| *automatically expires on June 30, 20* |  | *, unless suspended or revoked.* |
|  |
|  |
|  | *In Testimony Whereof, I have caused the seal of the said* |  |
|  | County |  |
|  | *to be hereunto affixed. Done at* |       | *,* |
|  |  |  |
|  | *in the State of Iowa, this*  |       | *day of*  |       | *,20*  |  | . |
|  |  |  |
|  | *Issued By:* |  |  |
|  |
|  | *County Auditor* |
|  |
| This copy to be posted by the retailer where the sale is to be made in plain view of the public. |