

WOODBURY COUNTY BOARD OF SUPERVISORS AGENDA ITEM(S) REQUEST FORM

Date: 08/16/17 Weekly Agenda Date: 08/22/17

ELECTED OFFICIAL / DEPARTMENT HEAD / CITIZEN: County Auditor - Michelle Skaff

WORDING FOR AGENDA ITEM:

Discuss and Approve Cigarette Permit for Heritage Express - 330th St.

ACTION REQUIRED:

- Approve Ordinance
- Approve Resolution
- Approve Motion
- Public Hearing
- Other: Informational
- Attachments

EXECUTIVE SUMMARY:

Cigarette permits are sold on an annual basis. Our office only issues permits for establishments that are in unincorporated areas of Woodbury County (not inside a city's limits).

BACKGROUND:

This is a renewal of previous permit. Renewal Application received in Auditor's Office 08/14/17.

FINANCIAL IMPACT:

Received \$50.00 permit fee.

IF THERE IS A CONTRACT INVOLVED IN THE AGENDA ITEM, HAS THE CONTRACT BEEN SUBMITTED AT LEAST ONE WEEK PRIOR AND ANSWERED WITH A REVIEW BY THE COUNTY ATTORNEY'S OFFICE?

Yes No

RECOMMENDATION:

Approve Motion.

ACTION REQUIRED / PROPOSED MOTION:

Approve a 12-month Cigarette/Tobacco Permit for Heritage Express, 1501 330th St., Sloan, Iowa, effective 07/01/17 through 06/30/17.

Instructions on the reverse side

2017 AUG 14 For period (MM/DD/YYYY) June 1 30 / 2017 through June 30, 18
I/we apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products:

Business Information:

Trade Name/DBA HERITAGE EXPRESS
Physical Location Address 1501 330th St City SLOAN ZIP 51055
Mailing Address 1501 330th Street City SLOAN State IA ZIP 51055
Business Phone Number 712-428-6936

Legal Ownership Information:

Type of Ownership: Sole Proprietor Partnership Corporation LLC LLP
Name of sole proprietor, partnership, corporation, LLC, or LLP HO CHUNK, INC
Mailing Address PO Box 390 City Winnabago State NE ZIP 68071
Phone Number 402-878-2809 Fax Number 402-878-2139 Email dgutierrez@

pony.expressstores.com

Retail Information:

Types of Sales: Over-the-counter Vending machine
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

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) Lance Morgan Name (please print) _____
Signature [Signature] Signature _____
Date 8/11/17 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 \$ 50.00
- Fill in the date the permit was approved by the council or board: _____
- Fill in the permit number issued by the city/county: A6586-17
- Fill in the name of the city or county issuing the permit: Woodbury County
- 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