



GRINNELL CITY COUNCIL REGULAR SESSION MEETING  
**MONDAY, JUNE 1, 2020 AT 7:00 P.M.**

VIA ZOOM

<https://zoom.us/j/91265587129?pwd=dzE3TEMvUTYzZjcrNXdCYzFaSzFYdz09>

***MINUTES***

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Mayor Agnew called the meeting to order at 7:00 p.m. with all the council members in attendance.

White made the motion, second by Gaard to approve the agenda. AYES: 6-0. Motion carried.

Hueftle-Worley made the motion, second by Wray to approve the consent agenda as follows:

1. Previous minutes as drafted from the Monday, May 18, 2020 Regular Session.
2. Approve City Claims and Payroll Claims from May 5, 2020 through and including June 1, 2020 in the amount of \$1,074,294.54.
3. Accept Retirement of Water Supervisor, Jim Brown, effective October 1, 2020.
4. Approve Liquor License upgrades to Class LR:
  - 1) Casey's General Stores, Inc, 1718 6<sup>th</sup> Ave.
  - 2) Casey's General Stores, Inc, 312 West St.
5. Approve Mayor and Council Appointments, Effective July 1, 2020:
  - 1) Hotel & Motel Tax Committee (4 yr term)
    1. Sally Lang
    2. Paul Nowasell
    3. Dorothy Spriggs
  - 2) Historic Preservation Commission (3 yr term)
    1. Tom Grabinski
    2. Cheryl Neubert
6. Review Campbell Fund requests.

AYES: 6-0. Motion carried.

The Council acknowledged receipt of the previous meeting minutes and other communications as follows:

- a) Finance Committee minutes: May 18, 2020.
- b) Public Works & Grounds Committee minutes: May 18, 2020.
- c) Public Safety Committee minutes: May 18, 2020.
- d) Library Board minutes: April 22, 2020.
- e) April 2020 Central Park Campaign Report.
- f) April 2020 Skatepark Campaign Report.
- g) April 2020 Veterans Memorial Building Campaign Report.

The Mayor announced it was the time and place for the public hearing regarding for the

purpose of reviewing a \$1,125,000 Iowa Economic Development Authority application for up to nine downtown commercial façade improvements. He asked for any comments written or verbal, for or against the 2020 Seal Coat Projects (FY21). There were none.

Hueftle-Worley made the motion, second by Wray to close the public hearing. AYES: 6-0. Motion carried.

## **FINANCE COMMITTEE**

Wray made the motion, second by White to approve Resolution No. 2020-84 - A resolution of support of Workforce Housing Tax Credit Program being used for Becks Second Addition Lots 15, 19, and 20. AYES: 6-0. Motion carried.

Wray made the motion, second by Bly to approve Resolution No. 2020-85 - A resolution of support of Workforce Housing Tax Credit Program being used for Merge Urban Development Main Street Project. AYES: 6-0. Motion carried.

Wray made the motion, second by White to approve Resolution No. 2020-86 – A resolution of support of Workforce Housing Tax Credit Program being used for Stella Ridge Project – 11 11<sup>th</sup> Ave. AYES: 6-0. Motion carried.

Wray made the motion, second by Bly to approve Resolution No. 2020-87 – A resolution setting public hearing for FY20 Budget Amendment. AYES: 6-0. Motion carried.

Wray made the motion, second by White to approve Resolution No. 2020-88 - A resolution authorizing City Clerk/Finance Director to write-off as uncollectable certain water, solid waste, sewer, storm sewer accounts and accounts receivables. AYES: 6-0. Motion carried.

Wray made the motion, second by Bly to approve Resolution No. 2020-89 - A resolution for monthly internal transfers of funds. AYES: 6-0. Motion carried.

Wray made the motion, second by White to approve Resolution No. 2020-90 – A resolution for monthly transfers of funds for trust and agency. AYES: 6-0. Motion carried.

## **PUBLIC WORKS AND GROUNDS COMMITTEE**

Wray made the motion, second by Hueftle-Worley to approve Resolution No. 2020-91 - A resolution authorizing payment of contractor's pay request No. 28 in the amount of \$142,108.78 to WRH, Inc. of Amana, Iowa for the Wastewater Treatment Facility Improvements. AYES: 6-0. Motion carried.

Wray made the motion, second by Gaard to approve Resolution No. 2020-92 – A resolution authorizing payment of contractor's pay request No. 7 in the amount of \$89,915.10 to Manatts, Inc. of Brooklyn, Iowa for the Runway Rehabilitation Project. AYES: 6-0. Motion carried.

Wray made the motion, second by Gaard to approve Resolution No. 2020-93 – A resolution authorizing payment of contractor’s pay request No. 3 in the amount of \$191,695.81 to Unified Contracting Services, Inc. of Des Moines, Iowa for the Fuel System Improvements Project. AYES: 6-0. Motion carried.

Wray made the motion, second by White to approve Resolution No. 2020-94 - A resolution authorizing payment of contractor’s pay request No. 15 in the amount of \$4,041.60 for the East Street Reconstruction Project. AYES: 6-0. Motion carried.

Wray made the motion, second by Gaard to approve Resolution No. 2020-95 – A resolution accepting work on the East Street Reconstruction Project for a total of \$2,508,393.19 and paying the retainage of \$30,000. AYES: 6-0. Motion carried.

Wray made the motion, second by Gaard to approve setting public hearing on proposed plans and specifications, proposed form of contract, and estimate of cost for 8<sup>th</sup> Ave (Park St to East St) Project. AYES: 6-0. Motion carried.

Wray made the motion, second by Gaard to approve easement request from Alliant Energy. AYES: 6-0. Motion carried.

Wray made the motion, second by Gaard to approve quote received from Elliott Equipment, in the amount of \$167,015.00 for new Global street sweeper. AYES: 6-0. Motion carried.

Wray made the motion, second by Gaard to approve water disconnection phase in recommendation from the Iowa Utilities Board. AYES: 6-0. Motion carried.

Wray made the motion, second by Gaard to approve reopening park playgrounds at 5:00 p.m. on June 5, 2020. AYES: 6-0. Motion carried.

## **PUBLIC SAFETY COMMITTEE**

White made the motion, second by Hueftle-Worley to approve first reading of an ordinance amending provisions pertaining to Animal Protection and Control (See Ordinance No. 1484). AYES: 6-0. Motion carried.

White made the motion, second by Davis to approve Resolution No. 2020-96 – A resolution approving Memorandum of Understanding with the Iowa Internet Crimes Against Children Task Force. AYES: 6-0. Motion carried.

White made the motion, second by Hueftle-Worley to approve RFP for Emergency Medical Services Review. AYES: 6-0. Motion carried.

White made the motion, second by Davis to deny request from Rabbitt’s Tavern to block off 4<sup>th</sup> Avenue, between Main Street and the alley, for a bike rally on Saturday, June 13, 2020. AYES: 6-0. Motion carried.

White noted that Mary Ellen Binegar Lynch, slain police officer Warren Binegar’s widow, passed away today, June 1, 2020.

## **PLANNING COMMITTEE**

Bly made the motion, second by Davis to approve Resolution No. 2020-97 - A resolution to approve the city of Grinnell IEDA Downtown Revitalization application for façade improvements. AYES: 6-0. Motion carried.

Bly made the motion, second by Gaard to approve Resolution No. 2020-98 – A resolution of necessity to declare an urban renewal area in the city of Grinnell. AYES: 6-0. Motion carried.

Bly made the motion, second by Davis to approve City of Grinnell Community Development Needs Assessment. AYES: 6-0. Motion carried.

## **INQUIRIES**

There was one inquiry.

## **ADJOURNMENT**

The Mayor declared the meeting adjourned at 7:34 p.m.

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DAN F. AGNEW, MAYOR

ATTEST:

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ANNMARIE WINGERTER, CITY CLERK/FINANCE DIRECTOR

**Applicant License Application ( LC0042892 )**

<b>Name of Applicant:</b>	<u>The Casa Margaritas Restaurant.</u>		
<b>Name of Business (DBA):</b>	<u>The Casa Margaritas Restaurant</u>		
<b>Address of Premises:</b>	<u>707 West St South</u>		
<b>City</b>	<u>Grinnell</u>	<b>County:</b>	<u>Poweshiek</u> <b>Zip:</b> <u>50112</u>
<b>Business</b>	<u>(641) 236-5069</u>		
<b>Mailing</b>	<u>707 West St South Suite 300</u>		
<b>City</b>	<u>Grinnell</u>	<b>State</b>	<u>IA</u> <b>Zip:</b> <u>50112</u>

**Contact Person**

<b>Name</b>	<u>Olivia Robles</u>		
<b>Phone:</b>	<u>(515) 556-5221</u>	<b>Email</b>	<u>pekitas42@outlook.com</u>

**Classification** Class C Liquor License (LC) (Commercial)

**Term:**12 months

**Effective Date:** 07/01/2019

**Expiration Date:** 06/30/2020

**Privileges:**

Class C Liquor License (LC) (Commercial)

Sunday Sales

**Status of Business**

<b>BusinessType:</b>	<u>Privately Held Corporation</u>		
<b>Corporate ID Number:</b>	<u>XXXXXXXXXX</u>	<b>Federal Employer ID</b>	<u>XXXXXXXXXX</u>

**Ownership**

**Olivia Robles**

**First Name:** Olivia

**Last Name:** Robles

**City:** Grinnell

**State:** Iowa

**Zip:** 50112

**Position:** Owner

**% of Ownership:** 100.00%

**U.S. Citizen:** No

**Insurance Company Information**

<b>Insurance Company:</b>	<u>Auto Owners Insurance Company</u>		
<b>Policy Effective Date:</b>	<u>07/01/2019</u>	<b>Policy Expiration</b>	<u>07/01/2020</u>
<b>Bond Effective</b>		<b>Dram Cancel Date:</b>	
<b>Outdoor Service Effective</b>		<b>Outdoor Service Expiration</b>	
<b>Temp Transfer Effective Date:</b>		<b>Temp Transfer Expiration Date:</b>	

**Applicant License Application ( LE0003295 )**

<b>Name of Applicant:</b> <u>CASEY'S MARKETING COMPANY</u>		
<b>Name of Business (DBA):</b> <u>CASEY'S GENERAL STORE #1950</u>		
<b>Address of Premises:</b> <u>217 6TH AVE</u>		
<b>City</b> <u>Grinnell</u>	<b>County:</b> <u>Poweshiek</u>	<b>Zip:</b> <u>50112</u>
<b>Business</b> <u>(641) 236-8300</u>		
<b>Mailing</b> <u>PO BOX 3001</u>		
<b>City</b> <u>ANKENY</u>	<b>State</b> <u>IA</u>	<b>Zip:</b> <u>50021</u>

**Contact Person**

<b>Name</b> <u>JESSICA FISHER-COMSTOCK, STORE OPERATIONS</u>
<b>Phone:</b> <u>(515) 446-6404</u> <b>Email</b> <u>JESSICA.FISHER@CASEYS.COM</u>

**Classification** Class E Liquor License (LE)

**Term:** 12 months

**Effective Date:** 07/01/2020

**Expiration Date:** 06/30/2021

**Privileges:**

- Class B Wine Permit
- Class C Beer Permit (Carryout Beer)
- Class E Liquor License (LE)
- Sunday Sales

**Status of Business**

<b>BusinessType:</b> <u>Publicly Traded Corporation</u>
<b>Corporate ID Number:</b> <u>XXXXXXXXXX</u> <b>Federal Employer ID</b> <u>XXXXXXXXXX</u>

**Ownership**

**42-0935283 CASEY'S GENERAL**

**STORE INC**

**First Name:** 42-0935283      **Last Name:** CASEY'S GENERAL STORE, INC.  
**City:** ANKENY      **State:** Iowa      **Zip:** 50021  
**Position:** OWNER  
**% of Ownership:** 100.00%      **U.S. Citizen:** Yes

**JOHN SOUPENE**

**First Name:** JOHN      **Last Name:** SOUPENE  
**City:** ANKENY      **State:** Iowa      **Zip:** 50023  
**Position:** VICE PRESIDENT  
**% of Ownership:** 0.00%      **U.S. Citizen:** Yes

**JULIA JACKOWSKI**

**First Name:** JULIA      **Last Name:** JACKOWSKI

City: URBANDALE

State: Iowa

Zip: 50322

Position: SECRETARY

% of Ownership: 0.00%

U.S. Citizen: Yes

**JAMES PISTILLO**

First Name: JAMES

Last Name: PISTILLO

City: URBANDALE

State: Iowa

Zip: 50323

Position: TREASURER

% of Ownership: 0.00%

U.S. Citizen: Yes

**MEGAN ELFERS**

First Name: MEGAN

Last Name: ELFERS

City: CLIVE

State: Iowa

Zip: 50325

Position: PRESIDENT

% of Ownership: 0.00%

U.S. Citizen: Yes

**Insurance Company Information**

Insurance Company: <u>Merchants Bonding Company</u>	
Policy Effective Date: <u>07/01/2020</u>	Policy Expiration <u>01/01/1900</u>
Bond Effective <u>2</u>	Dram Cancel Date:
Outdoor Service Effective	Outdoor Service Expiration
Temp Transfer Effective Date:	Temp Transfer Expiration Date:

**Applicant License Application ( LC0015787 )**

<b>Name of Applicant:</b> <u>Grinnell Iowa Lodge No 1266 Of</u>		
<b>Name of Business (DBA):</b> <u>B.P.O. Elks #1266</u>		
<b>Address of Premises:</b> <u>720 3rd Avenue</u>		
<b>City</b> <u>Grinnell</u>	<b>County:</b> <u>Poweshiek</u>	<b>Zip:</b> <u>5011200</u>
<b>Business</b> <u>(641) 236-3520</u>		
<b>Mailing</b> <u>720 3rd Avenue</u>		
<b>City</b> <u>Grinnell</u>	<b>State</b> <u>IA</u>	<b>Zip:</b> <u>501120000</u>

**Contact Person**

<b>Name</b> <u>Verne Jarvela</u>		
<b>Phone:</b> <u>(641) 236-3520</u>	<b>Email</b> <u>elks1266@windstream.net</u>	

**Classification** Class C Liquor License (LC) (Commercial)

**Term:**12 months

**Effective Date:** 07/09/2019

**Expiration Date:** 07/08/2020

**Privileges:**

- Class C Liquor License (LC) (Commercial)
- Outdoor Service
- Sunday Sales

**Status of Business**

<b>BusinessType:</b> <u>Privately Held Corporation</u>		
<b>Corporate ID Number:</b> <u>XXXXXXXXXX</u>	<b>Federal Employer ID</b> <u>XXXXXXXXXX</u>	

**Ownership**

**Verne Jarvela**

**First Name:** Verne                      **Last Name:** Jarvela  
**City:** Grinnell                      **State:** Iowa                      **Zip:** 50112  
**Position:** Secretary  
**% of Ownership:** 0.00%                      **U.S. Citizen:** Yes

**Insurance Company Information**

<b>Insurance Company:</b> <u>Old Republic Insurance Company</u>		
<b>Policy Effective Date:</b> <u>07/09/2019</u>	<b>Policy Expiration</b> <u>07/09/2020</u>	
<b>Bond Effective</b>	<b>Dram Cancel Date:</b>	
<b>Outdoor Service Effective</b>	<b>Outdoor Service Expiration</b>	
<b>Temp Transfer Effective Date</b>	<b>Temp Transfer Expiration Date:</b>	

**Applicant License Application ( LE0001808 )**

<b>Name of Applicant:</b>	<u>Kum &amp; Go LC</u>		
<b>Name of Business (DBA):</b>	<u>Kum &amp; Go #22</u>		
<b>Address of Premises:</b>	<u>715 Lang Creek Ave</u>		
<b>City</b>	<u>Grinnell</u>	<b>County:</b>	<u>Poweshiek</u> <b>Zip:</b> <u>50112</u>
<b>Business</b>	<u>(641) 236-0399</u>		
<b>Mailing</b>	<u>1459 Grand Avenue</u>		
<b>City</b>	<u>Des Moines</u>	<b>State</b>	<u>IA</u> <b>Zip:</b> <u>50309</u>

**Contact Person**

<b>Name</b>	<u>Jody Deiter</u>		
<b>Phone:</b>	<u>(515) 457-6249</u>	<b>Email</b>	<u>licenses@kumandgo.com</u>

**Classification** Class E Liquor License (LE)

**Term:**12 months

**Effective Date:** 07/01/2019

**Expiration Date:** 06/30/2020

**Privileges:**

- Class B Wine Permit
- Class C Beer Permit (Carryout Beer)
- Class E Liquor License (LE)
- Sunday Sales

**Status of Business**

<b>BusinessType:</b>	<u>Limited Liability Company</u>		
<b>Corporate ID Number:</b>	<u>XXXXXXXXXX</u>	<b>Federal Employer ID</b>	<u>XXXXXXXXXX</u>

**Ownership**

**Kyle Krause**

**First Name:** Kyle **Last Name:** Krause  
**City:** Waukee **State:** Iowa **Zip:** 50263  
**Position:** CEO  
**% of Ownership:** 0.00% **U.S. Citizen:** Yes

**Krause Group Ltd**

**First Name:** Krause Group **Last Name:** Ltd  
**City:** Des Moines **State:** Iowa **Zip:** 50309  
**Position:** Shareholder  
**% of Ownership:** 100.00% **U.S. Citizen:** Yes

**Charles Campbell**

**First Name:** Charles **Last Name:** Campbell

**City:** Urbandale

**State:** Iowa

**Zip:** 50323

**Position:** Secretary

**% of Ownership:** 0.00%

**U.S. Citizen:** Yes

**Insurance Company Information**

<b>Insurance Company:</b> <u>Merchants Bonding Company</u>	
<b>Policy Effective Date:</b> <u>07/01/2019</u>	<b>Policy Expiration</b> <u>01/01/1900</u>
<b>Bond Effective</b> <u>2</u>	<b>Dram Cancel Date:</b>
<b>Outdoor Service Effective</b>	<b>Outdoor Service Expiration</b>
<b>Temp Transfer Effective Date:</b>	<b>Temp Transfer Expiration Date:</b>

**Applicant License Application ( LE0001809 )**

<b>Name of Applicant:</b>	<u>Kum &amp; Go LC</u>		
<b>Name of Business (DBA):</b>	<u>Kum &amp; Go #222</u>		
<b>Address of Premises:</b>	<u>1002 West St</u>		
<b>City</b>	<u>Grinnell</u>	<b>County:</b>	<u>Poweshiek</u> <b>Zip:</b> <u>50112</u>
<b>Business</b>	<u>(641) 236-3890</u>		
<b>Mailing</b>	<u>1459 Grand Avenue</u>		
<b>City</b>	<u>Des Moines</u>	<b>State</b>	<u>IA</u> <b>Zip:</b> <u>50309</u>

**Contact Person**

<b>Name</b>	<u>Jody Deiter</u>		
<b>Phone:</b>	<u>(515) 457-6249</u>	<b>Email</b>	<u>licenses@kumandgo.com</u>

**Classification** Class E Liquor License (LE)

**Term:**12 months

**Effective Date:** 07/01/2019

**Expiration Date:** 06/30/2020

**Privileges:**

- Class B Wine Permit
- Class C Beer Permit (Carryout Beer)
- Class E Liquor License (LE)
- Sunday Sales

**Status of Business**

<b>BusinessType:</b>	<u>Limited Liability Company</u>		
<b>Corporate ID Number:</b>	<u>XXXXXXXXXX</u>	<b>Federal Employer ID</b>	<u>XXXXXXXXXX</u>

**Ownership**

**Kyle Krause**

**First Name:** Kyle **Last Name:** Krause  
**City:** Waukee **State:** Iowa **Zip:** 50263  
**Position:** CEO  
**% of Ownership:** 0.00% **U.S. Citizen:** Yes

**Krause Group LTD**

**First Name:** Krause Group **Last Name:** LTD  
**City:** Des Moines **State:** Iowa **Zip:** 50309  
**Position:** Shareholder  
**% of Ownership:** 100.00% **U.S. Citizen:** Yes

**Charles Campbell**

**First Name:** Charles **Last Name:** Campbell

**City:** Urbandale

**State:** Iowa

**Zip:** 50323

**Position:** Secretary

**% of Ownership:** 0.00%

**U.S. Citizen:** Yes

**Insurance Company Information**

<b>Insurance Company:</b> <u>Merchants Bonding Company</u>	
<b>Policy Effective Date:</b> <u>07/01/2019</u>	<b>Policy Expiration</b> <u>01/01/1900</u>
<b>Bond Effective</b> <u>2</u>	<b>Dram Cancel Date:</b>
<b>Outdoor Service Effective</b>	<b>Outdoor Service Expiration</b>
<b>Temp Transfer Effective Date:</b>	<b>Temp Transfer Expiration Date:</b>



Iowa Retail Permit Application for Cigarette/Tobacco/Nicotine/Vapor

https://tax.iowa.gov

Instructions on the reverse side

For period (MM/DD/YYYY) 07 / 01 / 2020 through June 30, 2021

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

Business Information:

Trade Name/DBA CASEY'S MARKETING COMPANY/DBA CASEY'S GENERAL STORE# 3617

Physical Location Address 635 LANG CREEK AVE City GRINNELL ZIP 50112

Mailing Address PO BOX 3001 City ANKENY State IA ZIP 50021

Business Phone Number 6412360497

Legal Ownership Information:

Type of Ownership: Sole Proprietor Partnership Corporation LLC LLP

Name of sole proprietor, partnership, corporation, LLC, or LLP CASEY'S GENERAL STORE, INC.

Mailing Address PO BOX 3001 City ANKENY State IA ZIP 50021

Phone Number 515-446-6404 Fax Number 515-965-6205 Email JESSICA.FISHER@CASEYS.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 X

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) JULIA L. JACKOWSKI, SECRETARY FOR CASEY'S MARKETING COMPANY

Name (please print) Signature Date

Signature Date 04/01/2020

Handwritten signature of Julia L. Jackowski

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



Iowa Retail Permit Application for Cigarette/Tobacco/Nicotine/Vapor

https://tax.iowa.gov

Instructions on the reverse side

For period (MM/DD/YYYY) 07 / 01 / 2020 through June 30, 2021

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

Business Information:

Trade Name/DBA CASEY'S MARKETING COMPANY/DBA CASEY'S GENERAL STORE# 1950

Physical Location Address 217 W 6TH AVE City GRINNELL ZIP 50112

Mailing Address PO BOX 3001 City ANKENY State IA ZIP 50021

Business Phone Number 6412368300

Legal Ownership Information:

Type of Ownership: Sole Proprietor Partnership Corporation LLC LLP

Name of sole proprietor, partnership, corporation, LLC, or LLP CASEY'S GENERAL STORE, INC.

Mailing Address PO BOX 3001 City ANKENY State IA ZIP 50021

Phone Number 515-446-6404 Fax Number 515-965-6205 Email JESSICA.FISHER@CASEYS.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 X

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) JULIA L. JACKOWSKI, SECRETARY FOR CASEY'S MARKETING COMPANY

Name (please print) Signature Date

Signature Date 04/01/2020

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



Iowa Retail Permit Application for Cigarette/Tobacco/Nicotine/Vapor

https://tax.iowa.gov

Instructions on the reverse side

For period (MM/DD/YYYY) 07 / 01 / 2020 through June 30, 2021

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

Business Information:

Trade Name/DBA CASEY'S MARKETING COMPANY/DBA CASEY'S GENERAL STORE# 1527

Physical Location Address 312 WEST ST City GRINNELL ZIP 50112

Mailing Address PO BOX 3001 City ANKENY State IA ZIP 50021

Business Phone Number 6412363773

Legal Ownership Information:

Type of Ownership: Sole Proprietor Partnership Corporation LLC LLP

Name of sole proprietor, partnership, corporation, LLC, or LLP CASEY'S GENERAL STORE, INC.

Mailing Address PO BOX 3001 City ANKENY State IA ZIP 50021

Phone Number 515-446-6404 Fax Number 515-965-6205 Email JESSICA.FISHER@CASEYS.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 X

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) JULIA L. JACKOWSKI, SECRETARY FOR CASEY'S MARKETING COMPANY

Name (please print) Signature Date

Signature Date 04/01/2020

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

<https://tax.iowa.gov>

**Instructions on the reverse side**

For period (MM/DD/YYYY) 07 / 01 / 2020 through June 30, 2021

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

**Business Information:**

Trade Name/DBA CASEY'S MARKETING COMPANY/DBA CASEY'S GENERAL STORE# 1134

Physical Location Address 1718 6TH AVE City GRINNELL ZIP 50112

Mailing Address PO BOX 3001 City ANKENY State IA ZIP 50021

Business Phone Number 6412360469

**Legal Ownership Information:**

Type of Ownership: Sole Proprietor  Partnership  Corporation  LLC  LLP

Name of sole proprietor, partnership, corporation, LLC, or LLP CASEY'S GENERAL STORE, INC.

Mailing Address PO BOX 3001 City ANKENY State IA ZIP 50021

Phone Number 515-446-6404 Fax Number 515-965-6205 Email JESSICA.FISHER@CASEYS.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

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) JULIA L. JACKOWSKI, SECRETARY FOR  
CASEY'S MARKETING COMPANY

Name (please print) \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

Signature   
Date 04/01/2020

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](mailto:iapledge@iowaabd.com)
- Fax: 515-281-7375

**Instructions on the reverse side**

For period (MM/DD/YYYY) 07 / 01 / 2020 through June 30, 2021

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

**Business Information:**

Trade Name/DBA Dollar General Store # 7109  
Physical Location Address 114 W. St South City Grinnell ZIP 50112  
Mailing Address 100 Mission Ridge city Goodlettsville State TN ZIP 37072  
Business Phone Number 515 612 7200

**Legal Ownership Information:**

Type of Ownership: Sole Proprietor  Partnership  Corporation  LLC  LLP   
Name of sole proprietor, partnership, corporation, LLC, or LLP Dodgencorp, LLC  
Mailing Address 100 Mission Ridge city Goodlettsville state TN ZIP 37072  
Phone Number 615 855 4000 Fax Number 877 364 4130 Email tax-beerandwine

license @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 Merch

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) Kelly Harper Name (please print) \_\_\_\_\_  
Signature Kelly Harper Signature \_\_\_\_\_  
Date 5/1/2020 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](mailto:iapledge@iowaabd.com)
- Fax: 515-281-7375

**Instructions on the reverse side**

For period (MM/DD/YYYY) 07 / 01 / 2020 through June 30, 2021

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

**Business Information:**

Trade Name/DBA Fareway Stores, Inc. # 737  
Physical Location Address 727 West Street City GRINNELL ZIP 50112  
Mailing Address 727 West Street City GRINNELL State IA ZIP 50112  
Business Phone Number 641 236-3331

**Legal Ownership Information:**

Type of Ownership: Sole Proprietor  Partnership  Corporation  LLC  LLP   
Name of sole proprietor, partnership, corporation, LLC, or LLP Fareway Stores, Inc.  
Mailing Address PO Box 70 City Boone State IA ZIP 50036  
Phone Number 515-433-5336 Fax Number 515-433-4416 Email twilson@farewaystores.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

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) Garrett S Piklapp Name (please print) \_\_\_\_\_  
Signature  Signature \_\_\_\_\_  
Date 05/01/2020 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](mailto:iapledge@iowaabd.com)
- Fax: 515-281-7375

**Instructions on the reverse side**

For period (MM/DD/YYYY) 7 / 1 / 2020 through June 30, 2021

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

**Business Information:**

Trade Name/DBA Hy-Vee Food Store  
Physical Location Address 320 W. St. S. City Grinnell ZIP 50112  
Mailing Address 5820 Westown Parkway City West Des Moines State IA ZIP 50266  
Business Phone Number 515-267-2949

**Legal Ownership Information:**

Type of Ownership: Sole Proprietor  Partnership  Corporation  LLC  LLP   
Name of sole proprietor, partnership, corporation, LLC, or LLP Hy-Vee, Inc.  
Mailing Address 5820 Westown Parkway City West Des Moines State Iowa ZIP 50266  
Phone Number 515-267-2800 Fax Number \_\_\_\_\_ Email kpalmer@hy-vee.com

**Retail Information:**

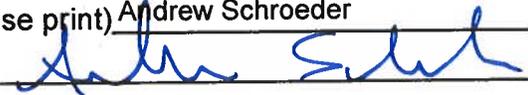
Types of Sales: Over-the-counter  Vending machine   
Do you make delivery sales of alternative nicotine or vapor products? (See Instructions) Yes  No   
Types of Products Sold: (Check all that apply)  
Cigarettes  Tobacco  Alternative Nicotine Products  Vapor Products

**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  \_\_\_\_\_

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) Andrew Schroeder Name (please print) \_\_\_\_\_  
Signature  Signature \_\_\_\_\_  
Date 5/4/2020 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](mailto:iapledge@iowaabd.com)
- Fax: 515-281-7375

**Instructions on the reverse side**

For period (MM/DD/YYYY) 07 / 01 / 2020 through June 30, 2021

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

**Business Information:**

Trade Name/DBA Kum & Go # 0222  
Physical Location Address 1002 West Street City Grinnell ZIP 50112  
Mailing Address 1459 Grand Ave City Des Moines State IA ZIP 50309  
Business Phone Number 515-457-6249

**Legal Ownership Information:**

Type of Ownership: Sole Proprietor  Partnership  Corporation  LLC  LLP   
Name of sole proprietor, partnership, corporation, LLC, or LLP Kum & Go LC  
Mailing Address 1459 Grand Ave City Des Moines State IA ZIP 50309  
Phone Number 515-457-6249 Fax Number \_\_\_\_\_ Email licenses@Kumandgo.com

**Retail Information:**

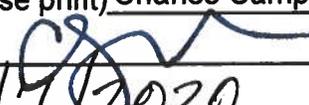
Types of Sales: Over-the-counter  Vending machine   
Do you make delivery sales of alternative nicotine or vapor products? (See Instructions) Yes  No   
Types of Products Sold: (Check all that apply)  
Cigarettes  Tobacco  Alternative Nicotine Products  Vapor Products

**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  \_\_\_\_\_

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) Charles Campbell Name (please print) \_\_\_\_\_  
Signature  Signature \_\_\_\_\_  
Date 4/9/2020 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](mailto:iapledge@iowaabd.com)
- Fax: 515-281-7375

**Instructions on the reverse side**

For period (MM/DD/YYYY) 07 / 01 / 2020 through June 30, 2021

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

**Business Information:**

Trade Name/DBA Kum & Go # 0022  
Physical Location Address 715 Lang Creek Ave City Grinnell ZIP 50112  
Mailing Address 1459 Grand Ave City Des Moines State IA ZIP 50309  
Business Phone Number 515-457-6249

**Legal Ownership Information:**

Type of Ownership: Sole Proprietor  Partnership  Corporation  LLC  LLP   
Name of sole proprietor, partnership, corporation, LLC, or LLP Kum & Go LC  
Mailing Address 1459 Grand Ave City Des Moines State IA ZIP 50309  
Phone Number 515-457-6249 Fax Number \_\_\_\_\_ Email licenses@Kumandgo.com

**Retail Information:**

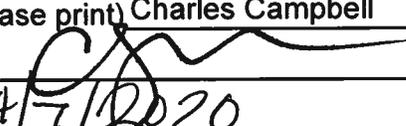
Types of Sales: Over-the-counter  Vending machine   
Do you make delivery sales of alternative nicotine or vapor products? (See Instructions) Yes  No   
Types of Products Sold: (Check all that apply)  
Cigarettes  Tobacco  Alternative Nicotine Products  Vapor Products

**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

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) Charles Campbell Name (please print) \_\_\_\_\_  
Signature  Signature \_\_\_\_\_  
Date 4/7/2020 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**

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- 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](mailto:iapledge@iowaabd.com)
- Fax: 515-281-7375

**Instructions on the reverse side**

For period (MM/DD/YYYY) July 1 / 1 / 2020 through June 30, 2021

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

**Business Information:**

Trade Name/DBA McNallys Foods  
Physical Location Address 1026 Main St. City Grinnell ZIP 50112  
Mailing Address P.O. Box 305 City Grinnell State IA ZIP 50112  
Business Phone Number 641-236-3146

**Legal Ownership Information:**

Type of Ownership: Sole Proprietor  Partnership  Corporation  LLC  LLP   
Name of sole proprietor, partnership, corporation, LLC, or LLP Grinnell Markets Inc.  
Mailing Address PO Box 305 City Grinnell State IA ZIP 50112  
Phone Number 641-236-3146 Fax Number \_\_\_\_\_ Email McNallys@iowatelecom.net

**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  \_\_\_\_\_

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) Randy Smith Name (please print) \_\_\_\_\_  
Signature Randy Smith Signature \_\_\_\_\_  
Date 5/15/2020 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

**Instructions on the reverse side**

For period (MM/DD/YYYY) 07 / 01 / 2020 through June 30, 2021

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

**Business Information:**

Trade Name/DBA Mahadeva Inc / DBA - Phillips 66 Crimmell  
Physical Location Address 1031 West St City Crimmell ZIP 50112  
Mailing Address PO Box - 652 City Crimmell State IA ZIP 50112  
Business Phone Number 641-236-0507

**Legal Ownership Information:**

Type of Ownership: Sole Proprietor  Partnership  Corporation  LLC  LLP   
Name of sole proprietor, partnership, corporation, LLC, or LLP Mahadeva Inc  
Mailing Address PO Box - 652 City Crimmell State IA ZIP 50112  
Phone Number 641-236-0507 Fax Number 641-236-0527 Email Patel.iowa66@gmail.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

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) Hiren Patel Name (please print) \_\_\_\_\_  
Signature Hiren Patel Signature \_\_\_\_\_  
Date 05/26/19 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](mailto:iapledge@iowaabd.com)
- Fax: 515-281-7375

**Instructions on the reverse side**

For period (MM/DD/YYYY) 07/01/2020 through June 30, 2021

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

**Business Information:**

Trade Name/DBA Rabbitts TAVERN  
Physical Location Address 721 4th AVE City GRINNELL ZIP 50112  
Mailing Address 721 4th AVE City GRINNELL State IA ZIP 50112  
Business Phone Number 641-236-8950

**Legal Ownership Information:**

Type of Ownership: Sole Proprietor  Partnership  Corporation  LLC  LLP   
Name of sole proprietor, partnership, corporation, LLC, or LLP \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone Number \_\_\_\_\_ 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  \_\_\_\_\_

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) DEBRA YASTIN Name (please print) RON E CHARFOLD  
Signature [Signature] Signature Ronald E. Charfold  
Date 5-5-2020 Date 5-5-2020

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](mailto:iapledge@iowaabd.com)  
• Fax: 515-281-7375

**Instructions on the reverse side**

For period (MM/DD/YYYY) 06 / 30 / 2020 through June 30, 2021

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

**Business Information:**

Trade Name/DBA Walmart Inc. DBA Walmart #647

Physical Location Address 415 Industrial Drive City Grinnell ZIP 50112

Mailing Address 702 SW 8th St City Bentonville State AR ZIP 72716-0500

Business Phone Number 479-204-6531

**Legal Ownership Information:**

Type of Ownership: Sole Proprietor  Partnership  Corporation  LLC  LLP

Name of sole proprietor, partnership, corporation, LLC, or LLP Walmart Inc.

Mailing Address 702 SW 8th St City Bentonville State AR ZIP 72716-0500

Phone Number 479-204-6531 Fax Number 479-204-9864 Email complic@wal-mart.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

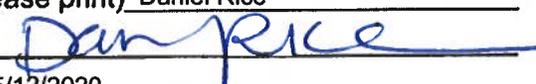
Has vending machine that assembles cigarettes  Other  Retail Merchandiser with full line grocery

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) Daniel Rice

Name (please print) \_\_\_\_\_

Signature 

Signature \_\_\_\_\_

Date 05/12/2020

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](mailto:iapledge@iowaabd.com)
- Fax: 515-281-7375