

Permit number(s): \_\_\_\_\_ July 1, 20\_\_\_\_ to June 30, 20 \_\_\_\_\_

Legal name (enter name of individual, partnership, or corporation):  
\_\_\_\_\_

Doing business as (if different than above): \_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_\_

Social Security Number (SSN): \_\_\_\_\_

Phone: \_\_\_\_\_

**Permit contact**

**Report/Return contact**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**Mailing address of business**

Street or PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County number: \_\_\_\_\_

**Physical location of business**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County number: \_\_\_\_\_

**Physical location of Iowa warehouse**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County number: \_\_\_\_\_

**Application type**

Check one of the appropriate types of license for which you are applying. Use a separate application if applying for multiple types – See page 3 for additional requirements.

- |  |                          |               |                          |
|--|--------------------------|---------------|--------------------------|
| 601/621 Cigarette Distributor (only).....  | <input type="checkbox"/> | Fee: \$100.00 | Required Bond: \$2500.00 |
| 606/626 Tobacco Distributor (only).....  | <input type="checkbox"/> | Fee: \$100.00 | Required Bond: \$1000.00 |
| 602 Cigarette Manufacturer.....  | <input type="checkbox"/> | Fee: \$0      | Required Bond: \$5000.00 |
| 603 Cigarette Vendor (only) .....  | <input type="checkbox"/> | Fee: \$100.00 | Required Bond: \$1000.00 |
| 604 Cigarette Wholesaler (only) .....  | <input type="checkbox"/> | Fee: \$100.00 | Required Bond: \$2500.00 |
| 605 Tobacco Subjobber (only).....  | <input type="checkbox"/> | Fee: \$10.00  | Required Bond: \$0       |
| 607 Distributing Agent .....   | <input type="checkbox"/> | Fee: \$100.00 | Required Bond: \$2500.00 |
| 608 Railway Car Retailer .....   | <input type="checkbox"/> | Fee: \$25.00  | Required Bond: \$500.00  |
| 611 Delivery Seller .....  | <input type="checkbox"/> | Fee: \$0      | Required Bond: \$1000.00 |
| 601/621 and 606/626 (2 permits)<br>Cigarette Distributor and Tobacco Distributor.. | <input type="checkbox"/> | Fee: \$100.00 | Required Bond: \$3500.00 |
| 604 and 605 (2 permits)<br>Cigarette Wholesaler and Tobacco Subjobber              | <input type="checkbox"/> | Fee: \$100.00 | Required Bond: \$2500.00 |



Type of ownership Individual  Partnership  Corporation  LLC  LLP

List other Department of Revenue permit numbers currently in effect for this business

Sales/Use: \_\_\_\_\_ Withholding: \_\_\_\_\_

Motor Fuel: \_\_\_\_\_ Other: \_\_\_\_\_

Identify partners or corporate officers

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Title: \_\_\_\_\_

Number of duplicate permits/licenses needed at \$5 each: \_\_\_\_\_

List the permit/license type and location for the duplicate(s) needed.

Type: \_\_\_\_\_ Location: \_\_\_\_\_

Cigarette permits, tobacco products licenses, and delivery seller permits are regulated by chapters 453A and 421B of the Iowa Code. You must also comply with chapters 453C and 453D of the Iowa Code.

All questions must be answered and a completed Iowa Cigarette, Tobacco, or Delivery Seller Bond form 70-031 must be provided when this application is remitted with proper fees.

Make check payable to: Iowa Department of Revenue.

When you pay by check you authorize the Department of Revenue to convert your check to a one-time electronic banking transaction.

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 and tobacco products, and delivery sales of alternative nicotine or vapor products.

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this application, and, to the best of my knowledge and belief, it is true, correct, and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_



**Annual Application for Iowa Cigarette Permit, Tobacco Tax License, or Delivery Seller Permit, page 3**

New 601/621 and 606/626 cigarette and tobacco distributors must enclose letters from each manufacturer that intends to sell applicant unstamped cigarettes and untaxed other tobacco products. Provide all brands purchased from each manufacturer.

Only approved brands of cigarettes or other tobacco products may be sold in Iowa – any brand not on the list is contraband. The list of approved brands is always current and available on the Department’s website. Any contraband or non-Iowa tax stamped package is subject to seizure and penalties under the provisions of the Iowa Code 453A and 453D. The following information must be provided.

- 1. From whom will you purchase your cigarettes and other tobacco products? (Provide all names, addresses, and type of products purchased from each. Use separate sheet if necessary.)

\_\_\_\_\_

\_\_\_\_\_

- 2. To approximately how many retailers will you sell? \_\_\_\_\_
- 3. How many of these retailers are directly affiliated with your organization? (Provide the names of any retailers that are directly affiliated with your organizations.) \_\_\_\_\_
- 4. List names and addresses of your three biggest retailers.

\_\_\_\_\_

\_\_\_\_\_

- 5. Do you maintain a warehouse for wholesales sales of cigarettes? Yes  No
- 6. Will your permit number be printed on delivery vehicles? Yes  No

**603 Cigarette vendor permit only - applicants must answer the following questions:**

- 1. Number of cigarette vending machines in use? \_\_\_\_\_
- 2. From whom do you purchase your cigarettes or OTP? \_\_\_\_\_
- 3. Do you have your name and address on all of your vending machines? Yes  No
- 4. Is the company name and permit number on all vehicles used for transporting cigarettes?  
Yes  No
- 5. Is the location of each machine covered by a local retail permit? Yes  No
- 6. List business name and location of each cigarette vending machine. (Provide separate list if necessary.)

\_\_\_\_\_

- 7. Are the vending machines located in an area that is not accessible to anyone under the age of 21?  
Yes  No
- 8. Are any nontobacco products sold out of these cigarette vending machines? Yes  No

To subscribe to receive updates by email, visit the Department’s website (tax.iowa.gov) and click on “Subscribe to Updates.”

**Send this application, with Iowa form 70-031 – proof of bond and proper remittance to:**

Mailing Address:  
Compliance Services  
Tax Management Division  
Iowa Department of Revenue  
PO Box 10472  
Des Moines IA 50306-0472

OR  
Delivery address:  
Iowa Department of Revenue  
Hoover Building, Cigarette Tax  
1305 E Walnut  
Des Moines IA 50319

**Questions:**

Call 515-281-6134 or by email: IDRCigarette@iowa.gov



\*1570015039999\*