

Additional instructions are on the final page.

For period (MM/DD/YYYY) 07 / 01 / 2024 through 06/30/25

Use this form to apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products at retail. If you need a different, non-retail cigarette or tobacco permit, use form 70-015. If approved, the permit is only valid for the location listed on the permit. You must obtain a separate retail permit for each location you own or operate.

**Business Information:**

Legal name/Doing business as (DBA): Hometown Market of Earlham

Iowa sales and use tax account number: 161009454

Retail address: 145 N Chestnut Ave City: Earlham State: IA ZIP: 50072

Mailing address: PO Box 249 City: Earlham State: IA ZIP: 50072

Phone: (515) 758-2749

**Legal Ownership Information:**

Type of ownership: Sole Proprietor  Partnership  Corporation  LLC  LLP

Name of sole proprietor, partnership, corporation, LLC, or LLP: LLC

Primary office address: 145 N Chestnut Ave City: Earlham State: IA ZIP: 50072

Phone: (515) 758-2749 Fax: (515) 758-3895 Email: earlhammarket@gmail.com

**Retail Information:**

Types of Sales: Over-the-counter  Vending machine  Vending machine that assembles cigarettes  Delivery sales of alternative nicotine/vapor products (see instructions)  Mobile sales (see instructions)  VIN: \_\_\_\_\_ License plate number: \_\_\_\_\_

Types of Products Sold: (Check all that apply)

Cigarettes  Tobacco  Alternative nicotine products  Vapor products

**Type of Establishment: (Select the options that best describe the establishment)**

Alternative nicotine/vapor store  Bar  Convenience store/gas station  Drug store   
Grocery store  Hotel/motel  Liquor store  Restaurant  Tobacco store   
Other (provide description)  \_\_\_\_\_

Do you have other permits issued under Iowa Code chapter 453A? If yes, provide permit number(s):  
\_\_\_\_\_

Include with this application a list of your suppliers and customers on a separate sheet.

**Identify partners or corporate officers if the business is not a sole proprietorship.**

Name: Bryan Mutchler Title: Owner

Address: 1409 Juniper Trail

City: Earlham State: IA ZIP: 50072

Name: Lindsey Mutchler Title: Owner

Address: 1409 Juniper Trail

City: Earlham State: IA ZIP: 50072

Iowa Retail Permit Application for Cigarette/Tobacco/Nicotine/Vapor, page 2

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

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

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

If this application is approved and a permit is 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. I 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 of Owner(s), Partner(s), or Corporate Official(s)

Printed name: Bryan Mutchler

Signature: *Bryan Mutchler*

Date: 4-15-24

Printed name: Lindsey Mutchler

Signature: *Lindsey Mutchler*

Date: 4-15-24

Printed name: \_\_\_\_\_

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

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

Send this completed application and the applicable fee to your local jurisdiction. If your local jurisdiction permits electronic transmission of this application, your email or fax signature will constitute a valid signature. It is up to your local jurisdiction to approve this application and issue the permit. You must have an approved permit issued to you by the local jurisdiction before acting as a retailer in that jurisdiction. You must separately apply in each local jurisdiction in which you plan to act as a retailer. If you have any questions about the status of your application, contact your city clerk (within city limits) or your county auditor (outside city limits). NOTE: A completed application is NOT a valid permit even if submitted to your local jurisdiction with the applicable fee.

FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

- Fill in the amount paid for the permit: 75-
- Fill in the date the permit was approved by the council or board: 5-13-24
- Fill in the permit number issued by the city/county: E25-3
- Fill in the name of the city or county issuing the permit: Earlham
- New  Renewal

Send completed/approved application to the Iowa Department of Revenue 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. If a permit is being exchanged due to change of location within the same jurisdiction, permittee should complete an application with new location information and application should be sent to the Department as described above. Permittees who exchange a valid permit are not required to pay an additional fee when an exchange application is submitted. 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