

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

Date: 6/24/25 Weekly Agenda Date: 7/2/24

ELECTED OFFICIAL / DEPARTMENT HEAD / CITIZEN: County Auditor - Pat Gill

WORDING FOR AGENDA ITEM:

Consideration and approval for Cigarette/Tobacco Permit for Heritage Express, Sloan, Iowa

ACTION REQUIRED:

Approve Ordinance

Approve Resolution

Approve Motion

Public Hearing

Other: Informational

Attachments

EXECUTIVE SUMMARY:

n/a

BACKGROUND:

n/a

FINANCIAL IMPACT:

None

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:

Motion to approve an application for a 1-year Cigarette/Tobacco Sales Permit for Heritage Express, Sloan, IA, effective 07/01/24 through 06/30/25.

**Office Of The
AUDITOR/RECORDER
Of Woodbury County**

PATRICK F. GILL
Auditor/Recorder



Court House – Rooms 103
620 Douglas
Sioux City, Iowa 51101

Phone (712) 279-6702
Fax (712) 279-6629

TO: Board of Supervisors

FROM: Patrick F. Gill, Auditor & Recorder

DATE: June 24, 2024

RE: Cigarette/Tobacco Permit for Heritage Express, Sloan, Iowa

Please approve a cigarette/tobacco sales permit renewal for Heritage Express,
1501 330th Street, Sloan, Iowa, effective July 1, 2024 through June 30, 2025.

STATE OF IOWA
RETAIL
CIGARETTE and TOBACCO PERMIT

County Number 97-2024

*In accordance with laws of the state of Iowa, and the action of
the Board of Supervisors of WOODBURY Iowa
(County)*

Business Location Name: HCI Heritage Express Company

Business Location Address: 1501 330TH ST

SLOAN IA 51055

Type of Sales: Over-the-Counter Ownership Type: Corporation

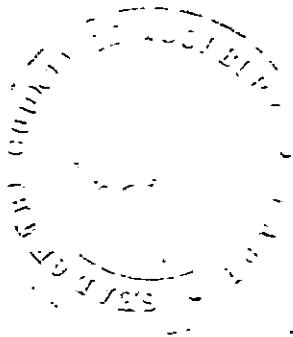
Legal Owner Name: Ho Chunk Inc

Legal Owner Mailing Address: 1 Mission Dr.

Winnebago NE 68071

*Is hereby authorized to sell cigarettes and tobacco products at the business location address above
in the City of Sloan County of Woodbury, Iowa.*

*This permit is nontransferable, is effective from July, 01 2024 and
automatically expires on June 30, 2025, unless suspended or revoked.*



*In Testimony Whereof, I have caused the seal of the said
County to be hereunto affixed. Done at Sioux City,*

in the State of Iowa, this 2nd day of July, 2024.

Issued By: [Signature]

County Auditor

This copy to be posted by the retailer where the sale is to be made in plain view of the public.

Additional instructions are on the final page.

For period (MM/DD/YYYY) 07 / 01 / 24 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): HCT Heritage Express Company
Iowa sales and use tax account number: Exempt - Business is on Reservation
Retail address: 1501 330th Street City: Sloan State: IA ZIP: 51055
Mailing address: P.O. Box 390 City: Winnebago State: NE ZIP: 68071
Phone: 402-614-4334

Legal Ownership Information:

Type of ownership: Sole Proprietor Partnership Corporation LLC LLP
Name of sole proprietor, partnership, corporation, LLC, or LLP: No-Chunk, Inc
Primary office address: 1 Mission Drive City: Winnebago State: NE ZIP: 68071
Phone: 402-878-2809 Fax: 402-884-9670 Email: jzebrowski@nochunkinc.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 at this retail location? If yes, provide permit number(s):
No

Do you intend to make retail sales to ultimate consumers? Yes No

Include with this application a list of your suppliers of cigarettes, tobacco, alternative nicotine and vapor products on a separate sheet.

Identify partners or corporate officers (up to three) if the business is not a sole proprietorship.

Name: HCT Heritage Express Title: _____
Address: 1501 330th St
City: Sloan Iowa State: IA ZIP: 51055
Name: Lance Morgan Title: CEO

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

Address: 1 Mission Drive
City: Winnebago State: NE ZIP: 68071
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.

Signature of Authorized Party

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. I declare that I am authorized to act on behalf of the taxpayer, and will only act within my authority.

Printed Name/Title: Lance Morgan
Authorized Signature: _____
Date: 6-21-24 Email: _____

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: \$50.00
- Fill in the date the permit was approved by the council or board: 7/2/24
- Fill in the permit number issued by the city/county: 97-2025
- Fill in the name of the city or county issuing the permit: Woodbury
- 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
- Fax: 515-281-7375

List of Tobacco and Vape Suppliers

1. Core-Mark/Farner Bocken
2. Rock River Manufacturing
3. Maverick Distribution LLC