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

Date: 6/28/16

Weekly Agenda Date: 7/05/16

ELECTED OFFICIAL / DEPARTMENT HEAD / CITIZEN: Pat Gill/Jean Jessen

**WORDING FOR AGENDA ITEM:**

Approve Cigarette Permit for Heritage Express

**ACTION REQUIRED:**

Approve Ordinance

Approve Resolution

Approve Motion

Give Direction

Other: Informational

Attachments

**EXECUTIVE SUMMARY:**

[Empty box for Executive Summary]

**BACKGROUND:**

[Empty box for Background]

**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:**

To approve cigarette permit.

**ACTION REQUIRED / PROPOSED MOTION:**

Motion to approve the cigarette permit for Heritage Express, 1501 330th St., Sloan, IA, effective July 1, 2016 through June 30, 2017.

*Approved by Board of Supervisors April 5, 2016.*

TO: Board of Supervisors

FROM: Patrick F. Gill, Auditor & Recorder

DATE: June 24, 2014

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

Please approve a cigarette/tobacco sales permit renewal for Heritage Express, 1501 330<sup>th</sup> Street, Sloan, Iowa, effective July 1, 2016 through June 30, 2017.



For period June, 20 16 through June 30, 20 17

**PLEASE TYPE OR PRINT LEGIBLY**

Please mail this completed application to your local jurisdiction. If you have any questions call your city clerk (within city limits) or your county auditor (outside city limits).

I/we hereby make application 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 St City: Sloan State: IA ZIP: 51055  
Business Phone Number: (712) 428 6936

**Legal Owner Information:**

Type of Ownership: Sole Proprietor  Partnership  Corporation  LLC  LLP

Legal Owner: Hochunk Inc  
(Name of sole proprietor, partnership, corporation, LLC, or LLP)

Mailing Address: PO Box 390 City: Winnemago State: NE ZIP: 68071

Phone Number: (402) 878 2809 Fax Number: ( ) Email: claytierres@hochunkinc.com

**Retail Information:**

Types of Sales: Over-the-counter  Vending machine

Does the Establishment sell vapor products/alternative nicotine products only? Yes  No

**Type of Establishment**

Bar  Convenience store/gas station  Drug store  Hotel/motel  Liquor store   
Restaurant  Tobacco store  Alternative nicotine/vapor 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, PARTNER(S), OR CORPORATE OFFICIAL**

Name (please print) LANCE MORGAN Name (please print) \_\_\_\_\_

Signature [Signature] Signature \_\_\_\_\_

Date 6/22/16 Date \_\_\_\_\_

**FOR CITY CLERK/COUNTY AUDITOR ONLY - MUST BE COMPLETE**

Amount Paid: \$ 50  
Date issued 06/28/16 New   
Permit Number A6586-16 Renewal

Please send completed/approved copy to:  
Iowa Department of Commerce, Alcoholic Beverages Division  
Name of Issuing City or County Woodbury

FAX-