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www.cityofdyersville.com

AGENDA
DYERSVILLE SPECIAL CITY COUNCIL MEETING
MONDAY, JULY 27, 2015 - 8:00 A.M.
LOWER LEVEL COUNCIL CHAMBERS

- A. CALL TO ORDER – ROLL CALL**
- B. PLEDGE OF ALLEGIANCE**
- C. APPROVAL OF AGENDA**
- D. ORAL COMMENTS**
 - 1. Agenda Items (step to podium after recognition, state name, address, speak clearly - 5 minute maximum)
- E. APPROVAL OF CONSENT AGENDA**
 - 1. **Cigarette/Tobacco Permits:** Sundstop II LLC /dba Sundstop
- F. ORAL COMMENTS**
 - 1. Non-Agenda Items (step to podium after recognition, state name, address, speak clearly - 3 minute maximum)
- G. COUNCIL COMMENTS**
- H. ADJOURNMENT**



Iowa Department of Revenue
https://tax.iowa.gov

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

For period July 1, 20 15 through June 30, 20 16

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: Sundstop
Physical Location Address: 740 18th Ave Sw City: Dyersville ZIP: 52040
Mailing Address: 17752 25th St City: Mechanicsville State: IA ZIP: 52306
Business Phone Number: (563) 875 8490

Legal Owner Information:

Type of Ownership: Sole Proprietor Partnership Corporation LLC LLP
Legal Owner: Sundstop II LLC
(Name of sole proprietor, partnership, corporation, LLC, or LLP)
Mailing Address: 17752 25th St City: Mechanicsville State: IA ZIP: 52306
Phone Number: (563) 451-5929 Fax Number: () _____ Email: Sundstop@gmail.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) Joshua J. Sundstrom Name (please print) _____
Signature [Signature] Signature _____
Date 7-23-15 Date _____

FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

Amount Paid: \$75.00
Date issued _____
Permit Number _____

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