

STATE OF IOWA
RETAIL
CIGARETTE and TOBACCO PERMIT

City Number 2009-01

*In accordance with laws of the state of Iowa, and the action of
the City Council of Leon Iowa*

(City)

Business Location Name: _____

Business Location Address: _____

Type of Sales: _____ *Ownership Type:* _____

Legal Owner Name: _____

Legal Owner Mailing Address: _____

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

*This permit is nontransferable, is effective from _____, 20____ and
automatically expires on, _____, unless suspended or revoked.*

In Testimony Whereof, I have caused the seal of the said

City _____ to be hereunto affixed. Done at Leon City Hall,

in the State of Iowa, this _____ day of _____.

Issued By: _____

City Mayor or Clerk

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