

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

Date: 06/12/23 Weekly Agenda Date: 06/20/23

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

**WORDING FOR AGENDA ITEM:**

Discuss and Approve Cigarette Permit for HCI Heritage Express Company - 330th St.

**ACTION REQUIRED:**

Approve Ordinance

Approve Resolution

Approve Motion

Public Hearing

Other: Informational

Attachments

**EXECUTIVE SUMMARY:**

Cigarette permits are sold on an annual basis. Our office only issues permits for establishments that are in unincorporated areas of Woodbury County (not inside a city's limits).

**BACKGROUND:**

This is a renewal of previous permit. Renewal Application received in Auditor's Office 06-12-23.

**FINANCIAL IMPACT:**

\$50.00 permit fee.

**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:**

Approve a 12-month Cigarette/Tobacco Permit for HCI Heritage Express Company, 1501 330th St., Sloan, Iowa, effective 07/01/23 through 06/30/24.

**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 12, 2023  
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, 2023 through June 30, 2024.

Instructions on the reverse side

For period (MM/DD/YYYY) \_\_\_ / \_\_\_ / \_\_\_ through June 30, \_\_\_

I/we apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products:

Business Information:

Trade name/Doing business as: HCI Heritage Express Comapny

Physical location address: 1501 330th Street City: Sloan ZIP: 51055

Mailing address: 1501 330th Street City: Sloan State: IA ZIP: 51055

Business phone number: 4022415871

Legal Ownership Information:

Type of Ownership: Sole Proprietor [ ] Partnership [ ] Corporation [x] LLC [ ] LLP [ ]

Name of sole proprietor, partnership, corporation, LLC, or LLP HoChunk Inc

Mailing address: 1 Mission Drive City: Winnebago State: NE ZIP: 68071

Phone number: 4028782809 Fax number: Email:

Retail Information:

Types of Sales: Over-the-counter [x] Vending machine [ ]

Do you make delivery sales of alternative nicotine or vapor products? (See Instructions) Yes [ ] No [x]

Types of Products Sold: (Check all that apply)

Cigarettes [x] Tobacco [x] Alternative Nicotine Products [x] Vapor Products [x]

Type of Establishment: (Select the option that best describes the establishment)

Alternative nicotine/vapor store [ ] Bar [ ] Convenience store/gas station [x] Drug store [ ] Grocery store [ ] Hotel/motel [ ] Liquor store [ ] Restaurant [ ] Tobacco 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(s), Partner(s), or Corporate Official(s)

Name (please print): Lance Morgan

Signature: [Handwritten Signature]

Date: 05/28/2023 7:06 AM CDT

Name (please print):

Signature:

Date:

2023 JUN -9 AM 8:14 PATRICK H. SILL WOODBURY COUNTY AUDITOR RECORDS COMM OF ELECTIONS

Send this completed application and the applicable fee to your local jurisdiction. If you have any questions contact your city clerk (within city limits) or your county auditor (outside city limits).

FOR CITY CLERK/COUNTY AUDITOR ONLY - MUST BE COMPLETE

- Fill in the amount paid for the permit:
• Fill in the date the permit was approved by the council or board:
• Fill in the permit number issued by the city/county:
• Fill in the name of the city or county issuing the permit:
• New [ ] Renewal [ ]

Send completed/approved application to Iowa Alcoholic Beverages Division 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. 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