



**CITY OF ANAMOSA**  
**CITY COUNCIL AGENDA – REGULAR SESSION**

**MONDAY, JUNE 10, 2024 – 6:00 P.M.**

**ANAMOSA LIBRARY & LEARNING CENTER**

**600 EAST 1ST STREET, ANAMOSA, IA 52205**

Zoom Meeting Link (Viewing Only)  
<https://us02web.zoom.us/j/8012629567>

Meeting ID: 801 262 9567

Passcode: Anamosa

Join by Telephone  
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Meeting ID: 801 262 9567  
Passcode: 4952698

*To address the City Council, please wait for the Mayor to open the floor for public comment on an agenda item.  
Before speaking, approach the podium, provide your name and address, and limit comments to five (5) minutes per agenda item.  
Profane, obscene, or slanderous language will not be permitted.*

- 1.0) **Roll Call**
- 2.0) **Pledge of Allegiance**
- 3.0) **Consent Agenda (Review & Approve):**
  - a) Minutes from May 28, 2024 – Regular Session
  - b) Current bills
  - c) Liquor licenses
  - d) Cigarette/tobacco/nicotine/vapor permits
- 4.0) **Public Hearings:** (None)
- 5.0) **Proclamations:** (None)
- 6.0) **Postponed Items:**
  - 6.1) **Review & Approve** – Communication Site Co-Location Agreement (Water Tower Agreement) between City and Jones County E911 Service Board (Gary Schwab, Jones County E911).
- 7.0) **Council Action Items:**
  - 7.1) **Discussion & Possible Action** – FY24 Project Closeout Procedures (Penny Lode, City Clerk).
  - 7.2) **Review & Approve** – URA & Lead Interim Controls Plan Addendum for Phase 2-Downtown Renovation Project.
  - 7.3) **Review & Approve** – Appointing Jon Day and Bill Feldmann to the Planning & Zoning Commission, effective July 1, 2024.
  - 7.4) **Review & Approve (Consent Agenda)** – Pay requests, totaling \$12,262.50.
    - a) From HR Green, in the amount of \$1,000.00, for the WTP Disinfection System CPS.
    - b) From HR Green, in the amount of \$725.50, for Water Department GIS Services.
    - c) From HR Green, in the amount of \$6,000.00, for GIS Services Annual Renewal.
    - d) From Origin Design, in the amount of \$4,537.00, for the Stallion Creek Waterway Improvement Project.
- 8.0) **City Administrator's Report**
- 9.0) **Mayor and Council Reports**
  - 9.1) Mayor's report
  - 9.2) Council reports
- 10.0) **Public Comment for Items Not on The Agenda**
- 11.0) **Closed Session**
  - 11.1) Motion to enter into closed session, per Iowa State Code Section 21.5(j) – To discuss the purchase or sale of particular real estate only where premature disclosure could be reasonably expected to increase the price the governmental body would have to pay for that property or reduce the price the governmental body would receive for that property. The minutes and the audio recording of a session closed under this paragraph shall be available for public examination when the transaction discussed is completed.
  - 11.2) Return to open session.
- 12.0) **Adjournment**

## STATEMENT OF COUNCIL PROCEEDINGS

May 28, 2024

The City Council of the City of Anamosa met in Regular Session May 28, 2024, at the City Hall Council Chambers at 6:00 p.m. with Mayor Rod Smith presiding. The following Council Members were present: Rich Crump, Dan Smith, Kay Smith, Todd Weimer, Teresa Tuetken and Brooke Gombert. Absent: None. Also present were Jeremiah Hoyt, City Administrator and Penny Lode, City Clerk.

Mayor Rod Smith called the meeting to order at 6:00 p.m. Roll call was taken with a quorum present.

Motion by Crump, seconded by Gombert approving consent agenda items: Minutes of 5/13/24 Regular Session; Current bills; noise/street closure permit. Ayes - all. Nays - none. Motion carried.

Mayor Smith opened the Public Hearing for FY24 Budget Amendments at 6:01 p.m. There were no public comments. Mayor Smith closed the Public Hearing at 6:02 p.m.

Motion by Crump, seconded by K. Smith approving Resolution 2024-29 adopting the amendment to the annual budget for fiscal year 2024. Roll vote: Ayes – D. Smith, K. Smith, Weimer, Crump, Gombert, Tuetken. Nays – none. Motion carried.

Motion by K. Smith, seconded by Tuetken approving Resolution 2024-30 hiring and setting wages for seasonal part-time Parks & Recreation Dept employees for the 2024 summer season. Roll vote: Ayes-K. Smith, Weimer, Crump, Gombert, Tuetken, D. Smith. Nays-none. Motion carried.

Motion by Crump, seconded by Weimer approving Resolution 2024-31 authorizing the release of a Housing Rehab Program forgivable loan. Roll vote: Ayes-Tuetken, Weimer, Crump, Gombert, D. Smith, K. Smith. Nays-none. Motion carried.

Motion by Crump, seconded by D. Smith authorizing the publication of a Request For Quote to proceed with Phase 2 (North Side) of the CDBG Downtown Façade Improvement Program. Ayes-all. Nays-none. Motion carried.

Motion by Gombert, seconded by Crump approving consent agenda pay requests totaling \$7,360.00. Ayes-all. Nays-none. Motion carried.

Meeting adjourned at 6:15 p.m.

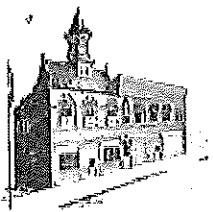
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Rod Smith, Mayor

ATTEST:

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Penny K. Lode, City Clerk



# Expense Approval Report

By Fund

Post Dates 5/28/2024 - 6/10/2024

Vendor Name	Post Date	Description (Item)	Account Number	Amount
<b>Fund: 001 - GENERAL FUND</b>				
<b>Department: 000 - 000</b>				
WELLMARK BLUE CROSS BLUE	05/28/2024	ALLIANCE HEALTH INSURANC	001-000-2205	-608.76
941 TAX EFT PAYMENT	05/28/2024	MEDICARE TAX	001-000-2206	1.94
941 TAX EFT PAYMENT	05/28/2024	SOCIAL SECURITY TAX	001-000-2202	8.32
941 TAX EFT PAYMENT	05/28/2024	FEDERAL TAX	001-000-2200	8.04
TREASURER STATE OF IOWA	05/28/2024	STATE TAX	001-000-2201	3.23
THE HARTFORD	06/07/2024	AD&D	001-000-2208	61.20
WELLMARK BLUE CROSS BLUE	06/07/2024	ALLIANCE HEALTH INSURANC	001-000-2205	24,047.56
WELLMARK BLUE CROSS BLUE	06/07/2024	BLUE ADVANTAGE HEALTH IN	001-000-2205	2,331.83
COLLECTION SERVICES CENTE	06/07/2024	COLLECTION SERVICES	001-000-2204	257.55
DELTA DENTAL PLAN OF IOWA	06/07/2024	DELTA DENTAL INSURANCE	001-000-2205	1,166.23
CITY OF ANAMOSA	06/07/2024	FLEXIBLE - CHILDCARE	001-000-2204	96.15
CITY OF ANAMOSA	06/07/2024	FLEX - MEDICAL	001-000-2204	123.23
IPERS COLLECTIONS	06/07/2024	IPERS	001-000-2203	7,219.43
THE HARTFORD	06/07/2024	LIFE INSURANCE	001-000-2208	442.35
THE HARTFORD	06/07/2024	LTD	001-000-2208	407.69
IPERS COLLECTIONS	06/07/2024	IPERS	001-000-2203	3,500.33
VSP Insurance Co	06/07/2024	VSP INSURANCE	001-000-2205	314.89
941 TAX EFT PAYMENT	06/07/2024	MEDICARE TAX	001-000-2206	2,244.78
941 TAX EFT PAYMENT	06/07/2024	SOCIAL SECURITY TAX	001-000-2202	9,598.32
941 TAX EFT PAYMENT	06/07/2024	FEDERAL TAX	001-000-2200	4,571.74
TREASURER STATE OF IOWA	06/07/2024	STATE TAX	001-000-2201	2,321.85
Department 000 - 000 Total:				58,117.90
<b>Department: 110 - POLICE</b>				
SUNSET LAW ENFORCEMENT	05/28/2024	AMMO	001-110-6530	1,153.10
U.S. CELLULAR	05/28/2024	CELL PHONES	001-110-6480	612.58
U.S. CELLULAR	05/28/2024	CELL PHONES	001-110-6373	504.57
BANOWETZ LUMBER COMPA	06/10/2024	BLDG NUISANCE	001-110-6461	238.37
ON SCENE ARMS	05/28/2024	AMMO JCERT	001-110-6537	480.00
KIECK'S	05/28/2024	UNIFORM	001-110-6504	41.00
WAYNE HALL CHRYSLER	05/28/2024	REPAIR	001-110-6474	431.00
KIECK'S	05/28/2024	UNIFORM	001-110-6181	119.98
U.S. CELLULAR	06/10/2024	CELL PHONES	001-110-6480	663.28
TRANSWORLD NETWORK, CO	05/28/2024	LONG DISTANCE CARRIER	001-110-6373	2.46
MAQUOKETA VALLEY ELECTRI	05/28/2024	PHONE/INTERNET	001-110-6373	164.80
LYNCH DALLAS, P.C.	05/28/2024	PROSECUTION	001-110-6411	18.50
LYNCH DALLAS, P.C.	05/28/2024	NUISANCE	001-110-6411	401.00
ACCESS SYSTEMS LEASING	06/10/2024	COPIER LEASE	001-110-6470	142.18
ALLIANT ENERGY	06/10/2024	ELECTRIC SERVICE	001-110-6371	290.33
ALLIANT ENERGY	06/10/2024	ELECTRIC SERVICE	001-110-6371	325.21
JONES COUNTY ENGINEER	06/10/2024	FUEL	001-110-6551	169.81
AUXIANT	05/31/2024	SELF FUND INSURANCE	001-110-6155	304.54
JONES COUNTY SHERIFF	05/28/2024	COMMUNICATIONS AGREEM	001-110-6456	35,536.32
WAPSI WASTE SERVICE, INC.	06/10/2024	TRASH SERVICE	001-110-6540	31.00
Department 110 - POLICE Total:				41,630.03
<b>Department: 111 - 111</b>				
ALLIANT ENERGY	06/10/2024	ELECTRIC SERVICE	001-111-6371	44.13
Department 111 - 111 Total:				44.13
<b>Department: 210 - ROADS, BRIDGES, SIDEWALKS</b>				
ANAMOSA STATE PENITENTIA	05/28/2024	INMATE LABOR	001-210-6490	150.00
C.J. COOPER & ASSOCIATES, I	05/29/2024	DOT CLEARING HOUSE	001-210-6490	25.00
Department 210 - ROADS, BRIDGES, SIDEWALKS Total:				175.00

## Expense Approval Report

Post Dates: 5/28/2024 - 6/10/2024

Vendor Name	Post Date	Description (Item)	Account Number	Amount
<b>Department: 290 - SOLID WASTE</b>				
WAPSI WASTE SERVICE, INC.	06/10/2024	TRASH SERVICE	001-290-6461	140.00
<b>Department 290 - SOLID WASTE Total:</b>				<b>140.00</b>
<b>Department: 450 - CEMETERY FUND</b>				
MINGER MOWING & LANDSC	05/28/2024	WEED CONTROL RIVERSIDE	001-450-6555	375.00
HENRY/TROY	06/10/2024	BURIALS	001-450-6491	950.00
<b>Department 450 - CEMETERY FUND Total:</b>				<b>1,325.00</b>
<b>Department: 612 - CITY ADMINISTRATOR</b>				
HOWARD R GREEN	05/28/2024	ENGINEERING SERVICES	001-612-6407	365.00
HOWARD R GREEN	05/28/2024	CIVIL PLAN REVIEW	001-612-6407	2,625.00
HOWARD R GREEN	05/28/2024	DILLON MILITARY BRIDGE	001-612-6407	470.50
HOWARD R GREEN	05/28/2024	ENGINEERING SERVICES	001-612-6407	225.00
AMAZON CAPITAL SERVICES	06/10/2024	TONER	001-612-6535	61.78
<b>Department 612 - CITY ADMINISTRATOR Total:</b>				<b>3,747.28</b>
<b>Department: 622 - SUPPORT ADMINISTRATION</b>				
U.S. CELLULAR	05/28/2024	CELL PHONES	001-622-6373	78.35
U.S. CELLULAR	06/10/2024	CELL PHONES	001-622-6373	64.67
TRANSWORLD NETWORK, CO	05/28/2024	LONG DISTANCE CARRIER	001-622-6373	8.43
MAQUOKETA VALLEY ELECTRI	05/28/2024	PHONE/INTERNET	001-622-6373	259.60
ANAMOSA JOURNAL-EUREKA	05/28/2024	LEGALS - BUDGET	001-622-6414	186.38
JONES COUNTY RECORDER	06/10/2024	RECORDING FEES	001-622-6482	1.00
ACCESS SYSTEMS LEASING	06/10/2024	COPIER LEASE	001-622-6470	175.03
STOREY KENWORTHY	06/10/2024	PAPER	001-622-6535	38.00
AMAZON CAPITAL SERVICES	06/10/2024	PAPER	001-622-6535	66.86
ANAMOSA JOURNAL-EUREKA	06/10/2024	LEGALS	001-622-6414	174.43
AMAZON CAPITAL SERVICES	06/10/2024	SUPPLIES	001-622-6535	75.15
JONES COUNTY RECORDER	06/10/2024	RECORDING FEES	001-622-6482	12.00
BANOWETZ LUMBER COMPA	06/10/2024	FIN CHR	001-622-6497	8.40
JONES COUNTY RECORDER	06/10/2024	RECORDING FEE	001-622-6482	17.00
MCALEER	06/10/2024	WATER COOLER	001-622-6530	57.00
ENCOMPASS	06/10/2024	IT SERVICES	001-622-6480	5,150.00
ANAMOSA JOURNAL-EUREKA	06/10/2024	LEGALS	001-622-6414	103.78
FIDELITY BANK & TRUST	05/28/2024	SAFE DEPOSIT BOX	001-622-6530	50.00
<b>Department 622 - SUPPORT ADMINISTRATION Total:</b>				<b>6,526.08</b>
<b>Department: 640 - CITY ATTORNEY</b>				
LYNCH DALLAS, P.C.	05/28/2024	GENERAL MATTERS	001-640-6455	203.50
LYNCH DALLAS, P.C.	05/28/2024	REAL ESTATE	001-640-6455	37.00
LYNCH DALLAS, P.C.	05/28/2024	REAL ESTATE	001-640-6455	25.00
<b>Department 640 - CITY ATTORNEY Total:</b>				<b>265.50</b>
<b>Department: 650 - CITY HALL</b>				
WAPSI WASTE SERVICE, INC.	06/10/2024	TRASH SERVICE	001-650-6474	31.00
<b>Department 650 - CITY HALL Total:</b>				<b>31.00</b>
<b>Department: 950 - 950</b>				
ANAMOSA CHAMBER OF CO	06/10/2024	HOTEL/MOTEL ALLOCATION	001-950-4085	7,000.00
<b>Department 950 - 950 Total:</b>				<b>7,000.00</b>
<b>Fund 001 - GENERAL FUND Total:</b>				<b>119,001.92</b>
<b>Fund: 015 - FIRE SERVICE</b>				
<b>Department: 150 - FIRE DEPARTMENT</b>				
SERVICEMASTER BY RICE	06/10/2024	ASBESTOS TESTING	015-150-6447	1,414.72
DINGES FIRE COMPANY	06/10/2024	GLOVES	015-150-6542	2,470.00
DRJ GROUP LLC	05/28/2024	FIRE EXT MAINT	015-150-6542	54.50
MEDIACOM	05/28/2024	INTERNET	015-150-6373	111.19
DANIEL POIRIER	06/10/2024	FDTN TRUCK OPS	015-150-6446	537.34
TRANSWORLD NETWORK, CO	05/28/2024	LONG DISTANCE CARRIER	015-150-6373	1.23
MAQUOKETA VALLEY ELECTRI	05/28/2024	PHONE/INTERNET	015-150-6373	139.85
HEIMAN FIRE EQUIPMENT, IN	06/10/2024	GAS MONITOR	015-150-6552	2,534.57
RECREATIONAL MOTOR SPOR	06/10/2024	SHIPPING	015-150-6470	46.81
HEIMAN FIRE EQUIPMENT, IN	06/10/2024	RAM FORCE KIT	015-150-6542	2,000.00

## Expense Approval Report

Post Dates: 5/28/2024 - 6/10/2024

Vendor Name	Post Date	Description (Item)	Account Number	Amount
TRI-COUNTY GARAGE DOORS,	06/10/2024	SERVICE GARAGE DOORS	015-150-6475	460.00
ALLIANT ENERGY	06/10/2024	ELECTRIC SERVICE	015-150-6371	319.26
JONES COUNTY ENGINEER	06/10/2024	FUEL	015-150-6551	201.61
WAPSI WASTE SERVICE, INC.	06/10/2024	TRASH SERVICE	015-150-6475	90.00
Department 150 - FIRE DEPARTMENT Total:				10,381.08
Fund 015 - FIRE SERVICE Total:				10,381.08

## Fund: 041 - LIBRARY FUND

## Department: 410 - LIBRARY

U.S. CELLULAR	05/28/2024	CELL PHONES	041-410-6373	33.48
U.S. CELLULAR	05/28/2024	CELL PHONES	041-410-6373	136.86
U.S. CELLULAR	06/10/2024	CELL PHONE HOT SPOTS	041-410-6373	88.47
U.S. CELLULAR	06/10/2024	CELL PHONES	041-410-6373	46.13
ALLIANT ENERGY	06/10/2024	ELECTRIC SERVICE	041-410-6371	1,064.89
Department 410 - LIBRARY Total:				1,369.83
Fund 041 - LIBRARY FUND Total:				1,369.83

## Fund: 043 - PARKS &amp; RECREATION

## Department: 430 - RECREATION

BANOWETZ LUMBER COMPA	06/10/2024	STRING TRIMMER	043-430-6532	560.00
BANOWETZ LUMBER COMPA	06/10/2024	PARK MAINT	043-430-6532	80.98
U.S. CELLULAR	05/28/2024	CELL PHONES	043-430-6373	46.13
IOWA PRISON INDUSTRIES	05/28/2024	TENNIS COURT	043-430-6532	42.80
U.S. CELLULAR	06/10/2024	CELL PHONES	043-430-6373	46.13
WHITE FRONT FEED & SEED	05/28/2024	BALL FIELDS	043-430-6532	265.13
TRANSWORLD NETWORK, CO	05/28/2024	LONG DISTANCE CARRIER	043-430-6373	13.20
COTTON GALLERY	05/28/2024	TSHIRTS	043-430-6531	1,048.50
COTTON GALLERY	05/28/2024	TSHIRTS	043-430-6531	477.00
UTILITY EQUIPMENT CO.	05/28/2024	WATER LINE	043-430-6532	105.00
ASCAP	05/28/2024	MUSIC LICENSE FEE	043-430-6210	485.27
WENDLING QUARRIES	06/10/2024	BALL FIELDS	043-430-6471	114.44
ALLIANT ENERGY	06/10/2024	ELECTRIC SERVICE	043-430-6371	438.43
CENTURYLINK	06/10/2024	PHONE	043-430-6373	73.64
FAREWAY STORES, INC.	06/10/2024	SUPPLIES	043-430-6490	66.76
TAPKEN'S CONVENIENCE PLUS	06/01/2024	FUEL	043-430-6551	1,102.16
Department 430 - RECREATION Total:				4,965.57
Fund 043 - PARKS & RECREATION Total:				4,965.57

## Fund: 044 - AQUA COURT

## Department: 440 - AQUA COURT

BANOWETZ LUMBER COMPA	06/10/2024	POOL CHAIR REPAIR	044-440-6475	16.09
CARRICO AQUATIC RESOURCE	05/28/2024	POOL ROPE	044-440-6540	28.52
TRANSWORLD NETWORK, CO	05/28/2024	LONG DISTANCE CARRIER	044-440-6373	1.23
SHAFFER PLBG & HTG	06/10/2024	POOL OPENING	044-440-6310	1,155.00
SHAFFER PLBG & HTG	05/28/2024	WINTERIZE POOL	044-440-6310	902.88
SHAFFER PLBG & HTG	05/28/2024	WATER SLIDE REPAIR	044-440-6310	210.00
CARRICO AQUATIC RESOURCE	06/10/2024	POOL SUPPLIES	044-440-6540	85.18
ALLIANT ENERGY	06/10/2024	ELECTRIC SERVICE	044-440-6371	350.66
FAREWAY STORES, INC.	06/10/2024	SUPPLIES	044-440-6534	7.98
FAREWAY STORES, INC.	06/10/2024	SUPPLIES	044-440-6545	4.99
FAREWAY STORES, INC.	06/10/2024	SUPPLIES	044-440-6545	5.99
FAREWAY STORES, INC.	06/10/2024	SUPPLIES	044-440-6546	71.96
FAREWAY STORES, INC.	06/10/2024	SUPPLIES	044-440-6546	116.42
WAPSI WASTE SERVICE, INC.	06/10/2024	TRASH SERVICE	044-440-6475	30.00
ATLANTIC COCA-COLA	06/10/2024	POOL CONCESSIONS	044-440-6546	221.88
Department 440 - AQUA COURT Total:				3,208.78
Fund 044 - AQUA COURT Total:				3,208.78

## Fund: 046 - LAWRENCE COMMUNITY CENTER FUND

## Department: 460 - LAWRENCE COMMUNITY CENTER

MCOTTO'S	06/10/2024	PARTY RENTAL	046-460-6542	111.77
FAREWAY STORES, INC.	05/28/2024	SUPPLIES	046-460-6541	16.94

## Expense Approval Report

Post Dates: 5/28/2024 - 6/10/2024

Vendor Name	Post Date	Description (Item)	Account Number	Amount
ATLANTIC COCA-COLA	05/28/2024	VENDING	046-460-6546	140.85
MAQUOKETA VALLEY ELECTRI	05/28/2024	INTERNET	046-460-6373	149.95
ACCESS SYSTEMS LEASING	06/10/2024	COPIER LEASE	046-460-6470	209.28
ATLANTIC COCA-COLA	06/10/2024	VENDING	046-460-6546	468.76
MCOTTO'S	06/10/2024	PARTY RENTAL	046-460-6542	47.00
ALLIANT ENERGY	06/10/2024	ELECTRIC SERVICE	046-460-6371	1,207.27
FAREWAY STORES, INC.	06/10/2024	SUPPLIES	046-460-6541	13.96
FAREWAY STORES, INC.	06/10/2024	SUPPLIES	046-460-6541	12.96
WAPSI WASTE SERVICE, INC.	06/10/2024	TRASH SERVICE	046-460-6475	140.00
CENTRAL IOWA DISTRIBUTIN	06/10/2024	TP DISPENSERS	046-460-6540	540.00
Department 460 - LAWRENCE COMMUNITY CENTER Total:				3,058.74
Fund 046 - LAWRENCE COMMUNITY CENTER FUND Total:				3,058.74

## Fund: 110 - ROAD USE TAX

## Department: 210 - ROADS, BRIDGES, SIDEWALKS

IOWA PRISON INDUSTRIES	05/28/2024	SIGNS	110-210-6512	67.10
Department 210 - ROADS, BRIDGES, SIDEWALKS Total:				67.10

## Department: 211 - Public Services - community betterment

U.S. CELLULAR	05/28/2024	CELL PHONES	110-211-6490	65.34
MARION IRON COMPANY	05/28/2024	PARTS	110-211-6530	45.44
BANOWETZ LUMBER COMPA	06/10/2024	HARDWARE	110-211-6523	43.05
HOTSY CLEANING SYSTEMS	05/28/2024	MOTOR	110-211-6470	1,176.72
U.S. CELLULAR	06/10/2024	CELL PHONES	110-211-6490	65.34
AUTOMOTIVE SERVICES	05/28/2024	TIRES	110-211-6470	211.02
REXCO EQUIPMENT	05/28/2024	BLADE	110-211-6470	163.08
ARNOLD MOTOR SUPPLY, LLP	05/28/2024	BATTERY	110-211-6470	147.26
TRANSWORLD NETWORK, CO	05/28/2024	LONG DISTANCE CARRIER	110-211-6373	2.46
REXCO EQUIPMENT	05/28/2024	BELT	110-211-6470	132.06
CENTRAL IOWA DISTRIBUTIN	05/28/2024	DRUM LINER	110-211-6553	136.00
AUTOMOTIVE SERVICES	05/28/2024	FLUID	110-211-6470	106.00
MID-IOWA SOLID WASTE	06/10/2024	SWEEPER PARTS	110-211-6470	141.85
LINN CO-OP OIL CO.	05/28/2024	FUEL	110-211-6551	946.04
LINN CO-OP OIL CO.	05/28/2024	FUEL	110-211-6551	282.56
DAN'S TIRES AND MORE	06/10/2024	SWEEPER TIRE	110-211-6474	223.50
ALLIANT ENERGY	06/10/2024	ELECTRIC SERVICE	110-211-6371	218.03
ZACH'S TOOLS LLC	06/10/2024	SOCKET	110-211-6553	21.80
AUXIANT	05/31/2024	SELF FUND INSURANCE	110-211-6155	114.48
FAREWAY STORES, INC.	06/10/2024	SUPPLIES	110-211-6530	299.40
FAREWAY STORES, INC.	06/10/2024	SUPPLIES	110-211-6543	5.49
FRAZIER/SPENCER	06/10/2024	PHONE STIPEND	110-211-6373	20.00
LODE/ERIC	06/10/2024	PHONE STIPEND	110-211-6373	20.00
THOMPSON TRUCK & TRAIL	06/10/2024	PARTS	110-211-6474	336.38
Department 211 - Public Services - community betterment Total:				4,923.30
Fund 110 - ROAD USE TAX Total:				4,990.40

## Fund: 121 - LOCAL OPTION TAX 35%

## Department: 211 - Public Services - community betterment

HOWARD R GREEN	05/28/2024	3RD ST SIDEWALK	121-211-6790	136.00
HOWARD R GREEN	05/28/2024	3RD ST SIDEWALK	121-211-6790	204.00
Department 211 - Public Services - community betterment Total:				340.00
Fund 121 - LOCAL OPTION TAX 35% Total:				340.00

## Fund: 122 - LOCAL OPTION TAX 65%

## Department: 210 - ROADS, BRIDGES, SIDEWALKS

MAQUOKETA VALLEY ELECTRI	05/28/2024	STREET LIGHTS ROUNDABOU	122-210-6372	51.75
MAQUOKETA VALLEY ELECTRI	05/28/2024	STREET LIGHTS HARLEY AVE	122-210-6372	65.87
ALLIANT ENERGY	06/10/2024	ELECTRIC SERVICE	122-210-6372	6,588.67
Department 210 - ROADS, BRIDGES, SIDEWALKS Total:				6,806.29
Fund 122 - LOCAL OPTION TAX 65% Total:				6,806.29

## Expense Approval Report

Post Dates: 5/28/2024 - 6/10/2024

Vendor Name	Post Date	Description (Item)	Account Number	Amount
<b>Fund: 200 - DEBT SERVICE FUND</b>				
<b>Department: 623 - DEBT ADMINISTRATION</b>				
UMB BANK, N.A.	05/30/2024	2.2 MIL BOND PAYMENT	200-623-6805	155,000.00
UMB BANK, N.A.	05/30/2024	2.2 MIL BOND PAYMENT	200-623-6857	42,391.25
UMB BANK, N.A.	05/30/2024	1.75 MIL BOND PAYMENT	200-623-6801	135,000.00
UMB BANK, N.A.	05/30/2024	1.75 MIL BOND PAYMENT	200-623-6854	7,720.00
<b>Department 623 - DEBT ADMINISTRATION Total:</b>				<b>340,111.25</b>
<b>Fund 200 - DEBT SERVICE FUND Total:</b>				<b>340,111.25</b>
<b>Fund: 331 - DOWNTOWN PROJECTS/PROGRAMS</b>				
<b>Department: 602 - 602</b>				
ECICOG	05/28/2024	ADMIN FEE DOWNTOWN PHA	331-602-6490	1,575.00
MARTIN GARDNER ARCHITEC	05/28/2024	DOWNTOWN PHASE 2	331-602-6490	3,604.50
<b>Department 602 - 602 Total:</b>				<b>5,179.50</b>
<b>Fund 331 - DOWNTOWN PROJECTS/PROGRAMS Total:</b>				<b>5,179.50</b>
<b>Fund: 600 - WATER FUND</b>				
<b>Department: 810 - 810</b>				
U.S. CELLULAR	05/28/2024	CELL PHONES	600-810-6373	200.52
USA BLUE BOOK	05/28/2024	HYDRANT SUPPLIES	600-810-6530	254.95
FAREWAY STORES, INC.	05/28/2024	SUPPLIES	600-810-6530	16.94
U.S. CELLULAR	06/10/2024	CELL PHONES	600-810-6373	200.52
MUNICIPAL SUPPLY, INC.	05/28/2024	WATER METERS	600-810-6504	7,680.00
TRANSWORLD NETWORK, CO	05/28/2024	LONG DISTANCE CARRIER	600-810-6373	2.46
STAR EQUIPMENT LTD.	05/28/2024	CRANE TRUCK SERVICE	600-810-6782	2,248.78
MAQUOKETA VALLEY ELECTRI	05/28/2024	INTERNET	600-810-6373	139.85
CHEM RIGHT LABORATORIES I	05/28/2024	MAY BAC T	600-810-6470	95.00
UTILITY EQUIPMENT CO.	05/28/2024	WATER LINE	600-810-6530	215.00
UTILITY EQUIPMENT CO.	05/28/2024	SUPPLIES	600-810-6530	461.34
IOWA ONE CALL	06/10/2024	LOCATES	600-810-6489	70.85
DAN'S TIRES AND MORE	06/10/2024	TIRES ZERO TURN	600-810-6504	1,731.00
ALLIANT ENERGY	06/10/2024	ELECTRIC SERVICE	600-810-6371	13,057.92
AUXIANT	05/31/2024	SELF FUND INSURANCE	600-810-6155	2,297.01
MUNICIPAL SUPPLY, INC.	06/10/2024	SMART POINTS	600-810-6504	4,725.00
J&R SUPPLY	06/10/2024	BLUE MARKING PAINT	600-810-6530	240.00
TYLER TECHNOLOGIES, INC	06/10/2024	HARDWARE MAINTENANCE	600-810-6490	387.02
OLIN-MORLEY TELEPHONE CO	06/10/2024	INTERNET	600-810-6373	104.95
US POSTMASTER	06/04/2024	POSTAGE REMINDER NOTICES	600-810-6508	107.59
<b>Department 810 - 810 Total:</b>				<b>34,236.70</b>
<b>Department: 811 - 811</b>				
IOWA FINANCE AUTHORITY	06/01/2024	SRF LOAN	600-811-6800	1,400.00
IOWA FINANCE AUTHORITY	06/01/2024	SRF LOAN	600-811-6801	102,000.00
IOWA FINANCE AUTHORITY	06/01/2024	SRF LOAN	600-811-6851	9,800.00
IOWA FINANCE AUTHORITY	06/01/2024	SRF LOAN	600-811-6800	1,637.50
IOWA FINANCE AUTHORITY	06/01/2024	SRF LOAN	600-811-6801	77,000.00
IOWA FINANCE AUTHORITY	06/01/2024	SRF LOAN	600-811-6851	11,462.50
IOWA FINANCE AUTHORITY	06/01/2024	SRF LOAN	600-811-6800	3,571.23
IOWA FINANCE AUTHORITY	06/01/2024	SRF LOAN	600-811-6801	125,765.13
IOWA FINANCE AUTHORITY	06/01/2024	SRF LOAN	600-811-6851	24,998.58
<b>Department 811 - 811 Total:</b>				<b>357,634.94</b>
<b>Fund 600 - WATER FUND Total:</b>				<b>391,871.64</b>
<b>Fund: 610 - WASTEWATER FUND</b>				
<b>Department: 815 - 815</b>				
U.S. CELLULAR	05/28/2024	CELL PHONES	610-815-6373	221.32
FAREWAY STORES, INC.	05/28/2024	SUPPLIES	610-815-6530	34.11
FAREWAY STORES, INC.	05/28/2024	SUPPLIES	610-815-6553	11.94
CHEMSEARCH	05/28/2024	ECO STORM	610-815-6501	165.00
QC ANALYTICAL SERVICES LLC	05/28/2024	APRIL TESTING	610-815-6479	1,386.00
MISSISSIPPI VALLEY PUMP, IN	05/28/2024	PRISON LIFTSTATION PUMP	610-815-6780	8,132.71
USA BLUE BOOK	06/10/2024	LAB SUPPLIES	610-815-6530	565.51

## Expense Approval Report

Post Dates: 5/28/2024 - 6/10/2024

Vendor Name	Post Date	Description (Item)	Account Number	Amount
RECREATIONAL MOTOR SPOR	06/10/2024	MAY SHIPPING	610-815-6431	110.62
U.S. CELLULAR	06/10/2024	CELL PHONES	610-815-6373	324.92
TRANSWORLD NETWORK, CO	05/28/2024	LONG DISTANCE CARRIER	610-815-6373	2.46
STAR EQUIPMENT LTD.	05/28/2024	CRANE TRUCK SERVICE	610-815-6470	2,248.79
ANAMOSA STATE PENITENTIA	05/28/2024	INMATE LABOR	610-815-6489	80.00
JC CROSS CO.	06/10/2024	BLOWER 3 REPLACEMENT	610-815-6785	64,403.30
ENVIRONMENTAL RESOURCE	06/10/2024	TESTING	610-815-6479	410.67
SHAFFER PLBG & HTG	06/10/2024	WATER HEATER	610-815-6780	230.65
LINN CO-OP OIL CO.	05/28/2024	FUEL	610-815-6551	2,238.98
SHAFFER PLBG & HTG	06/10/2024	AC REPAIR	610-815-6780	518.58
IOWA ONE CALL	06/10/2024	LOCATES	610-815-6489	70.85
GPM	06/10/2024	FLOW METER CALIBRATING	610-815-6470	448.00
CITY OF DUBUQUE	06/10/2024	DEBRIS DISPOSAL	610-815-6472	141.57
ALLIANT ENERGY	06/10/2024	ELECTRIC SERVICE	610-815-6371	9,979.56
MUNICIPAL SUPPLY, INC.	06/10/2024	SMART POINTS	610-815-6504	4,725.00
MACQUEEN EQUIPMENT	06/10/2024	CAMERA PARTS	610-815-6470	346.57
TYLER TECHNOLOGIES, INC	06/10/2024	HARDWARE MAINTENANCE	610-815-6489	387.01
SHADA/TIM	06/10/2024	PHONE STIPEND	610-815-6373	20.00
US POSTMASTER	06/04/2024	POSTAGE REMINDER NOTICES	610-815-6508	107.59
WAPSI WASTE SERVICE, INC.	06/10/2024	TRASH SERVICE	610-815-6523	90.00
Department 815 - 815 Total:				97,401.71
Department: 816 - 816				
IOWA FINANCE AUTHORITY	06/01/2024	SRF LOAN	610-816-6800	1,245.00
IOWA FINANCE AUTHORITY	06/01/2024	SRF LOAN	610-816-6801	119,000.00
IOWA FINANCE AUTHORITY	06/01/2024	SRF LOAN	610-816-6851	4,357.50
Department 816 - 816 Total:				124,602.50
Fund 610 - WASTEWATER FUND Total:				222,004.21
Grand Total:				1,113,289.21



Report Summary

Fund Summary

Fund	Expense Amount	Payment Amount
001 - GENERAL FUND	119,001.92	102,971.51
015 - FIRE SERVICE	10,381.08	306.77
041 - LIBRARY FUND	1,369.83	170.34
043 - PARKS & RECREATION	4,965.57	2,483.03
044 - AQUA COURT	3,208.78	1,142.63
046 - LAWRENCE COMMUNITY CENTER FUND	3,058.74	307.74
110 - ROAD USE TAX	4,990.40	3,595.56
121 - LOCAL OPTION TAX 35%	340.00	340.00
122 - LOCAL OPTION TAX 65%	6,806.29	117.62
200 - DEBT SERVICE FUND	340,111.25	340,111.25
331 - DOWNTOWN PROJECTS/PROGRAMS	5,179.50	5,179.50
600 - WATER FUND	391,871.64	371,354.38
610 - WASTEWATER FUND	222,004.21	139,231.40
Grand Total:	1,113,289.21	967,311.73

Account Summary

Account Number	Account Name	Expense Amount	Payment Amount
001-000-2200	FIT HOLDING	4,579.78	4,579.78
001-000-2201	SIT HOLDING	2,325.08	2,325.08
001-000-2202	FICA HOLDING	9,606.64	9,606.64
001-000-2203	IPERS HOLDING	10,719.76	10,719.76
001-000-2204	PEDC HOLDING	476.93	476.93
001-000-2205	HEALTH & CANCER INS.	27,251.75	27,251.75
001-000-2206	MEDICARE HOLDING	2,246.72	2,246.72
001-000-2208	LIFE HOLDING	911.24	911.24
001-110-6155	SELF FUNDED HEALTH IN	304.54	304.54
001-110-6181	ALLOWANCE, UNIFORM	119.98	119.98
001-110-6371	UTILITIES, ELECTRIC	615.54	0.00
001-110-6373	UTILITIES, TELEPHONE	671.83	671.83
001-110-6411	PROFESSIONAL SERVICE	419.50	419.50
001-110-6456	COMMUNICATIONS CON	35,536.32	35,536.32
001-110-6461	NUISANCE ABATEMENT-	238.37	0.00
001-110-6470	EQUIPMENT MAINT CO	142.18	0.00
001-110-6474	MAINTENANCE, VEHICLE	431.00	431.00
001-110-6480	COMPUTER INTERNET S	1,275.86	612.58
001-110-6504	EQUIPMENT, SMALL	41.00	41.00
001-110-6530	SUPPLIES, OPERATIONS	1,153.10	1,153.10
001-110-6537	JCERT	480.00	480.00
001-110-6540	BLDG & GROUNDS MAI	31.00	0.00
001-110-6551	PD VEHICLE FUEL EXPEN	169.81	0.00
001-111-6371	UTILITIES, ELECTRIC (SIR	44.13	0.00
001-210-6490	PROFESSIONAL SERVICE	175.00	175.00
001-290-6461	SOLID WASTE COLLECTI	140.00	0.00
001-450-6491	GRAVE SERVICING	950.00	0.00
001-450-6555	MAINTENANCE, EQUIP	375.00	375.00
001-612-6407	PROF. SERVICES, ENGINE	3,685.50	3,685.50
001-612-6535	SUPPLIES, OFFICE	61.78	0.00
001-622-6373	UTILITIES, TELEPHONE	411.05	346.38
001-622-6414	PUBLIC NOTICES	464.59	186.38
001-622-6470	MAINT. CONTRACT OFFI	175.03	0.00
001-622-6480	MAINT. CONTRACT COM	5,150.00	0.00
001-622-6482	RECORDING FEES	30.00	0.00
001-622-6497	MISCELLANEOUS EXPEN	8.40	0.00
001-622-6530	SUPPLIES, OPERATIONS	107.00	50.00
001-622-6535	SUPPLIES/NONCAP EQUI	180.01	0.00
001-640-6455	CONTRACTS, GEN. CITY	265.50	265.50
001-650-6474	VEHICLE MAINTENANCE	31.00	0.00

## Account Summary

Account Number	Account Name	Expense Amount	Payment Amount
001-950-4085	HOTEL/MOTEL TAX ALLO	7,000.00	0.00
015-150-6371	UTILITIES, ELECTRIC	319.26	0.00
015-150-6373	UTILITIES, TELEPHONE	252.27	252.27
015-150-6446	TRAVEL	537.34	0.00
015-150-6447	TRAINING EXPENSES	1,414.72	0.00
015-150-6470	MAINTENANCE, EQUIP	46.81	0.00
015-150-6475	MAINTENANCE, GROUN	550.00	0.00
015-150-6542	SUPPLIES, MISCELLANEO	4,524.50	54.50
015-150-6551	VEHICLE FUEL EXPENSES	201.61	0.00
015-150-6552	VEHICLE PARTS EXPENSE	2,534.57	0.00
041-410-6371	UTILITIES, ELECTRIC	1,064.89	0.00
041-410-6373	UTILITIES, TELEPHONE	304.94	170.34
043-430-6210	MEMBERSHIP DUES & S	485.27	485.27
043-430-6371	UTILITIES, ELECTRIC	438.43	0.00
043-430-6373	UTILITIES, TELEPHONE	179.10	59.33
043-430-6471	MAINTENANCE, RECREA	114.44	0.00
043-430-6490	EVENT EXPENSES	66.76	0.00
043-430-6531	SUPPLIES, REC. PROGRA	1,525.50	1,525.50
043-430-6532	SUPPLIES, PARK MAINT	1,053.91	412.93
043-430-6551	FUEL EXPENSE	1,102.16	0.00
044-440-6310	CONTRACT, MAINTENAN	2,267.88	1,112.88
044-440-6371	UTILITIES, ELECTRIC	350.66	0.00
044-440-6373	UTILITIES, TELEPHONE	1.23	1.23
044-440-6475	MAINTENANCE, BLDGS	46.09	0.00
044-440-6534	EQUIP, AQUA COURT, P	7.98	0.00
044-440-6540	SUPPLIES, BLDGS. & GR	113.70	28.52
044-440-6545	SUPPLIES, MISCELLANEO	10.98	0.00
044-440-6546	MERCHANDISE FOR RES	410.26	0.00
046-460-6371	UTILITIES, ELECTRIC	1,207.27	0.00
046-460-6373	UTILITIES, TELEPHONE	149.95	149.95
046-460-6470	MAINTENANCE, EQUIP	209.28	0.00
046-460-6475	MAINTENANCE, BLDGS	140.00	0.00
046-460-6540	SUPPLIES, BLDGS. & GR	540.00	0.00
046-460-6541	SUPPLIES, JANITORIAL M	43.86	16.94
046-460-6542	SUPPLIES, MISCELLANEO	158.77	0.00
046-460-6546	MERCHANDISE FOR RES	609.61	140.85
110-210-6512	TRAFFIC SIGNS AND MA	67.10	67.10
110-211-6155	SELF FUNDED HEALTH IN	114.48	114.48
110-211-6371	UTILITIES, ELECTRIC	218.03	0.00
110-211-6373	UTILITIES, TELEPHONE	42.46	2.46
110-211-6470	MAINTENANCE, EQUIP	2,077.99	1,936.14
110-211-6474	MAINTENANCE, VEHICLE	559.88	0.00
110-211-6490	MAINT. CONTRACT PAGE	130.68	65.34
110-211-6523	GROUND & BLDG. MAI	43.05	0.00
110-211-6530	SUPPLIES, OPERATIONS	344.84	45.44
110-211-6543	SUPPLIES, STREET MAIN	5.49	0.00
110-211-6551	VEHICLE FUEL EXPENSES	1,228.60	1,228.60
110-211-6553	MISCELLANEOUS SUPPLI	157.80	136.00
121-211-6790	STREET IMPROVEMENTS	340.00	340.00
122-210-6372	ELECTRIC UTILITIES, ST LI	6,806.29	117.62
200-623-6801	PRINCIPAL 1,750,000 GO	135,000.00	135,000.00
200-623-6805	2.2 MIL GO BOND PRINC	155,000.00	155,000.00
200-623-6854	INTEREST 1,750,000 GO	7,720.00	7,720.00
200-623-6857	2.2 MIL GO BOND INTER	42,391.25	42,391.25
331-602-6490	PROFESSIONAL SERVICE	5,179.50	5,179.50
600-810-6155	SELF FUNDED HEALTH IN	2,297.01	2,297.01
600-810-6371	UTILITIES, ELECTRIC	13,057.92	0.00
600-810-6373	UTILITIES, TELEPHONE	648.30	342.83

Account Summary

Account Number	Account Name	Expense Amount	Payment Amount
600-810-6470	PROF. SERVICES - TESTIN	95.00	95.00
600-810-6489	PROFESSIONAL SERVICE	70.85	0.00
600-810-6490	MAINT. CONTRACT SOFT	387.02	0.00
600-810-6504	EQUIPMENT, SMALL	14,136.00	7,680.00
600-810-6508	SUPPLIES, POSTAGE	107.59	107.59
600-810-6530	SUPPLIES, OPERATIONS	1,188.23	948.23
600-810-6782	WATER SYSTEM IMPROV	2,248.78	2,248.78
600-811-6800	SRF LOAN BOND FEE	6,608.73	6,608.73
600-811-6801	SRF LOAN PRINCIPAL	304,765.13	304,765.13
600-811-6851	SRF LOAN INTEREST	46,261.08	46,261.08
610-815-6371	UTILITIES, ELECTRIC	9,979.56	0.00
610-815-6373	UTILITIES, TELEPHONE	568.70	223.78
610-815-6431	SHIPPING	110.62	0.00
610-815-6470	MAINTENANCE, EQUIP	3,043.36	2,248.79
610-815-6472	MAINTENANCE, SYSTEM	141.57	0.00
610-815-6479	PROF. SERVICES - TESTIN	1,796.67	1,386.00
610-815-6489	PROFESSIONAL SERVICE	537.86	80.00
610-815-6501	CHEMICALS	165.00	165.00
610-815-6504	EQUIPMENT, SMALL	4,725.00	0.00
610-815-6508	SUPPLIES, POSTAGE	107.59	107.59
610-815-6523	EQUIPMENT, BLDG. MAI	90.00	0.00
610-815-6530	OPERATIONS SUPPLIES	599.62	34.11
610-815-6551	FUEL EXPENSE	2,238.98	2,238.98
610-815-6553	MISCELLANEOUS EXPEN	11.94	11.94
610-815-6780	WASTEWATER TREATME	8,881.94	8,132.71
610-815-6785	WASTEWTR SYSTEM IMP	64,403.30	0.00
610-816-6800	SRF LOAN BOND FEE	1,245.00	1,245.00
610-816-6801	SRF LOAN PRINCIPAL	119,000.00	119,000.00
610-816-6851	SRF LOAN INTEREST	4,357.50	4,357.50
Grand Total:		1,113,289.21	967,311.73

Project Account Summary

Project Account Key	Expense Amount	Payment Amount
**None**	1,113,289.21	967,311.73
Grand Total:	1,113,289.21	967,311.73



**CITY OF ANAMOSA**

**APPROVAL FORM FOR LIQUOR AND BEER LICENSE APPLICATION**

Class \_\_\_\_\_ Beer/Liquor  
Sunday: Yes\_\_\_ No\_\_\_  
New/Renewal/Amended  
Circle Appropriate Info.

**NAME OF APPLICANT:** Casey's Store 2908

**TRADE NAME (DBA):** \_\_\_\_\_

**STREET ADDRESS:** 1752 Hwy 64 E, Anamosa, IA 52205

**PHONE (BUSINESS):** 319-3872105 **HOME (OR CELL):** \_\_\_\_\_

*The undersigned have by the signatures of the officials noted below, certify that the above mentioned structure conforms to all laws within the jurisdictional limits of enforcement of said officials and may receive approval of this application.*

**ANAMOSA POLICE DEPARTMENT:**

The above named applicant(s) is approved by this department to have a beer and/or liquor license at the above location.

Eric Welling 6.4.23  
Police Chief Date  
Leave form at City Hall after Fire and Health signatures are complete.

**ANAMOSA FIRE DEPARTMENT:**

Fire Inspection Fee -- \$35.00, includes two inspections. Each inspection after that will be \$25 each.  
(Make check out to: City of Anamosa)

[Signature] 5/28/24  
Fire Chief (or designee) Date  
Phone: 319-462-4434 for appointment

**JONES COUNTY ENVIRONMENTAL HEALTH DEPARTMENT: (If applicable)**

The above mentioned structure and business is in compliance with the Jones County Board of Health Regulations

[Signature] 5-29-24  
Jones County Environmental Health Official Date  
Phone: 319-462-4715 for appointment

**PLEASE RETURN FORM TO KAYLEE PALMER AT CITY HALL WHEN COMPLETED**

Received at City Hall 06/04/24 for the 06/10/24 Council Meeting

**Additional instructions are on the final page.**

For period (MM/DD/YYYY) 07 / 01 / 2024 through 06/30/2025

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): CASEY'S # 2690

Iowa sales and use tax account number: 0-00-007787

Retail address: 500 E MAIN ST City: ANAMOSA State: IA ZIP: 52205

Mailing address: ONE SE CONVENIENCE BLVD. City: ANKENY State: IA ZIP: 50021

Phone: 3194623986

**Legal Ownership Information:**

Type of ownership: Sole Proprietor ☐ Partnership ☐ Corporation ☒ LLC ☐ LLP ☐

Name of sole proprietor, partnership, corporation, LLC, or LLP: CASEY'S MARKETING COMPANY

Primary office address: ONE SE CONVENIENCE BLVD. City: ANKENY State: IA ZIP: 50021

Phone: 515-446-6404 Fax: 515-446-6303 Email: LICENSINGTEAM@CASEYS.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? If yes, provide permit number(s):

YES, CASEY'S HAS 557 LOCATIONS IN IOWA HOLDING A TOBACCO LICENSE.

Include with this application a list of your suppliers and customers on a separate sheet.

**Identify partners or corporate officers if the business is not a sole proprietorship.**

Name: SEE ATTACHED Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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. I 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.

**Signature of Owner(s), Partner(s), or Corporate Official(s)**

Printed name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: 04/01/2024

Printed name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

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: \_\_\_\_\_  
• 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 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@iowawaab.com
- Fax: 515-281-7375

**Additional instructions are on the final page.**For period (MM/DD/YYYY) 07 / 01 / 2024 through 06/30/2025

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): CASEY'S # 2908Iowa sales and use tax account number: 0-00-007787Retail address: 1752 HWY 64 E City: ANAMOSA State: IA ZIP: 52205Mailing address: ONE SE CONVENIENCE BLVD. City: ANKENY State: IA ZIP: 50021Phone: 3194622246**Legal Ownership Information:**Type of ownership: Sole Proprietor ☐ Partnership ☐ Corporation ☒ LLC ☐ LLP ☐Name of sole proprietor, partnership, corporation, LLC, or LLP: CASEY'S MARKETING COMPANYPrimary office address: ONE SE CONVENIENCE BLVD. City: ANKENY State: IA ZIP: 50021Phone: 515-446-6404 Fax: 515-446-6303 Email: LICENSINGTEAM@CASEYS.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? If yes, provide permit number(s):

YES, CASEY'S HAS 557 LOCATIONS IN IOWA HOLDING A TOBACCO LICENSE.

Include with this application a list of your suppliers and customers on a separate sheet.

**Identify partners or corporate officers if the business is not a sole proprietorship.**Name: SEE ATTACHED Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_



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. I 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.

**Signature of Owner(s), Partner(s), or Corporate Official(s)**

Printed name: DOUGLAS BEECH, ASSISTANT SECRETARY

Signature: Douglas M. Beech

Date: 04/01/2024

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

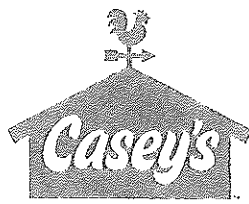
Send this completed application and the applicable fee to your local jurisdiction. If your local jurisdiction permits electronic transmission of this application, your email or fax signature will constitute a valid signature. It is up to your local jurisdiction to approve this application and issue the 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: \_\_\_\_\_
- 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 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](mailto:iapledge@iowaabd.com)
- Fax: 515-281-7375



April 1, 2024

Re: Iowa Retail Permit for Cig/Tob/Nic/Vape - Renewal Application

Dear City/County Clerk,

Please see the attached renewal application and required fee for each of our Casey's stores in your area. Please send the renewed permit directly to me at the following address:

Casey's General Stores  
Attn: Licensing Dept.  
1 SE Convenience Blvd  
Ankeny, IA 50021

***Please note: Our PO Box has closed***

If there are questions regarding this renewal, please e-mail me at [licensingteam@caseys.com](mailto:licensingteam@caseys.com). I appreciate your assistance!

**CASEY'S MARKETING COMPANY**

Federal Tax I.D. 42-1435913

Date of Incorporation: March 15, 1995

Effective 10/8/2021

**OFFICERS**

Samuel J. James, President & Chairman  
One SE Convenience Blvd.  
Ankeny, IA 50021

Brian J. Johnson, Vice President  
One SE Convenience Blvd.  
Ankeny, IA 50021

Scott A. Faber, Secretary  
One SE Convenience Blvd.  
Ankeny, IA 50021

Eric Larsen, Treasurer  
One SE Convenience Blvd.  
Ankeny, IA 50021

Douglas M. Beech, Assistant Secretary  
One SE Convenience Blvd.  
Ankeny, IA 50021

**BOARD OF DIRECTORS**

Samuel J. James, Chairman  
One SE Convenience Blvd.  
Ankeny, IA 50021

Brian J. Johnson  
One SE Convenience Blvd.  
Ankeny, IA 50021

Scott Faber  
One SE Convenience Blvd.  
Ankeny, IA 50021

This information is intended for the use of the individual or entity to which it is addressed and may contain information that is confidential and privileged and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited.



Department of Revenue

**Iowa Retail Permit Application  
for Cigarette/Tobacco/Nicotine/Vapor**

tax.iowa.gov

**Additional instructions are on the final page.**

For period (MM/DD/YYYY) 7 / 1 / 2024 through 06/30/2025

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 (OBA): Dollar General #3685

Iowa sales and use tax account number: 00-007388

Retail address: 314 W MAIN ST City: ANAMOSA State: IA ZIP:

Mailing address: 100 Mission Ridge City: Goodlettsville State: TN ZIP: 37072

Phone: 615-855-4000

**Legal Ownership Information:**Type of ownership: Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC ☒ LLP ☐

Name of sole proprietor, partnership, corporation, LLC, or LLP: Dolgencorp LLC

Primary office address: 100 Mission Ridge City: Goodlettsville State: TN ZIP: 37072

Phone: 615-855-4000 Fax:

Email: tax-beerandwinelicense@dollargeneral.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):

See Attached

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: See attached Title:

Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 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: Lily Grace Paine \_\_\_\_\_

Authorized Signature: *Lily Grace Paine* \_\_\_\_\_

Date: 5/24/2024 \_\_\_\_\_ Email: tax-beerandwinelicense@dollargeneral.com\_

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.

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**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 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

Manufacturer	Manufacturer Address	Manufacturer Phone Number
American Snuff	401 NORTH MAIN STREET, WINSTON-SALEM. NC 27101	800-238-2409
Cheyenne Intl	701 SOUTH BATTLEGROUND AVENUE,GROVER, NC 28073	630-269-0142
ITG Brands	714 Green Valley Road, Greensboro, NC 27408	800-223-6816
John Middleton Cigar Co.	6601 WEST BROAD STREET, RICHMOND, VA 23230	888-932-8976
Liggett Vector Brands	3800 Paramount Parkway Ste. 250, Morrisville, NC 27560	877-415-4100
National Tobacco	5201 INTERCHANGE WAY, LOUISVILLE, KY 40229	800-331-5962
Philip Morris USA	6601 WEST BROAD STREET, RICHMOND, VA 23230	888-932-8976
Republic Tobacco	2301 Ravine way, Glenview, Illinois 60025	800-288-8888
Reynolds American Inc.	401 NORTH MAIN STREET, WINSTON-SALEM. NC 27101	800-238-2409
Santa Fe	1 Plaza La Prensa, Santa Fe, NM 87507	651-212-0711
Swisher	459 EAST 16TH STREET, JACKSONVILLE, FL 32206	800-874-9720
US Smokeless Tobacco Co.	6601 WEST BROAD STREET, RICHMOND, VA 23230	888-932-8976

Distributor	Distributor Address
Super Food Services Inc.	4772 S. 72 <sup>nd</sup> St, Omaha, NE 68127

**ACTION BY WRITTEN CONSENT  
OF THE SOLE MEMBER OF  
DOLGENCORP, LLC  
JANUARY 12, 2024**

Pursuant to the Kentucky Limited Liability Company Act, the undersigned, being the sole member of Dolgencorp, LLC (the "Company"), does hereby consent to and take the following action as evidenced by the signature below.

**WHEREAS**, effective immediately, Steven G. Sunderland resigns as Chief Executive Officer and Manager of the Company;

**WHEREAS**, effective immediately, Hiren Mehta was removed as Assistant Treasurer of the Company;

**WHEREAS**, effective immediately, the sole member desires to elect Zachary J. Brining as Chief Executive Officer and Manager of the Company and Kyle Hodes as Assistant Treasurer of the Company through the 2023 fiscal year or until their earlier resignation or removal; and

**WHEREAS**, the sole member desires to elect the Company's managers and officers for the 2024 fiscal year.

**NOW, THEREFORE, BE IT RESOLVED** that Zachary J. Brining be elected to serve as Manager of the Company, to serve through the 2023 and 2024 fiscal years with the following named persons until their earlier resignation or removal:

Zachary J. Brining

Emily C. Taylor

**BE IT FURTHER RESOLVED**, that Zachary J. Brining be elected to serve as Chief Executive Officer of the Company and Kyle Hodes be elected to serve as Assistant Treasurer of the Company, to serve through the 2023 fiscal year.

**BE IT FURTHER RESOLVED**, that each of the following named persons hereby are elected or re-elected, as applicable, to the offices listed below to serve for the 2024 fiscal year or until their successors shall be elected and qualify or until their earlier resignation or removal:

Zachary J. Brining

Chief Executive Officer

Kelly M. Dilts

Chief Financial Officer and Secretary

Roderick J. West

Senior Vice President, Distribution

Barbara L. Springer

Vice President and Treasurer

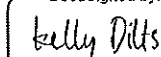
Kyle Hodes

Assistant Treasurer

The undersigned, being the sole member, hereby consents to and adopts the foregoing resolutions as of the day and year first above written.

DOLLAR GENERAL CORPORATION

Sole Member



24E1A608508542A...  
Kelly M. Dilts

Executive Vice President & Chief Financial Officer

# REVENUE

ANAMOSA CITY OF (TAX-IA)  
107 S FORD STREET  
0  
ANAMOSA, IA 52205

## Retail Permit Application /Tobacco/Nicotine/Vapor

<https://tax.iowa.gov>

### Instructions on the reverse side

For period (MM/DD/YYYY) 07 / 01 / 2024 through June 30, 2025 I/we  
apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products:

### Business Information:

Trade Name/DBA DOLLAR GENERAL 3685  
Physical Location Address 314 W MAIN ST City ANAMOSA  
ZIP 52205-1164 Mailing Address 100  
MISSION RIDGE City GOODLETTSVILLE State TN ZIP 37072 Business Phone  
Number 615-855-4000

### Legal Ownership Information:

Type of Ownership: Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC ☒ LLP ☐  
Name of sole proprietor, partnership, corporation, LLC, or LLP DOLGENCORP, LLC  
Mailing Address 100 MISSION RIDGE City GOODLETTSVILLE State TN ZIP 37072  
Phone Number 615-855-4000 Fax Number 877-364-4130 Email tax-beerandwinelicense@dollargeneral.com

### Retail Information:

Types of Sales: Over-the-counter ☒ Vending machine ☐  
Do you make delivery sales of alternative nicotine or vapor products? (See Instructions) Yes ☐ No ☒  
Types of Products Sold: (Check all that apply)  
Cigarettes ☒ Tobacco ☒ Alternative Nicotine Products ☐ Vapor Products ☐

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

Alternative nicotine/vapor store ☐ Bar ☐ Convenience store/gas station ☐ Drug store ☐  
Grocery store ☐ Hotel/motel ☐ Liquor store ☐ Restaurant ☐ Tobacco store ☐  
Has vending machine that assembles cigarettes ☐ Other ☒ Retail – General Merchandise

If application is approved and permit granted, I/we do  
the laws governing the sale of cigarettes, tobacco, alte

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### Signature of Owner(s), Partner(s), or Corporate Officer

Name (please print) Tracy Givens  
Signature [Signature]  
Date 4/25/24

Name (please print) \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

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

### Please Return Checks To:

- Fill in the amount paid for \_\_\_\_\_
- Fill in the date the permit \_\_\_\_\_ Tracy Givens \_\_\_\_\_  
by the council or board: \_\_\_\_\_
- Fill in the permit number issued by \_\_\_\_\_  
the city/county: \_\_\_\_\_

### ONLY – MUST BE COMPLETE

Fill in the name of the city or county  
issuing the permit: \_\_\_\_\_

- New ☐ Renewal ☐



**Additional instructions are on the final page.**

For period (MM/DD/YYYY) 07 / 01 / 2024 through 06/30/2025

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): Fareway Stores, Inc. #166

Iowa sales and use tax account number: 153007983

Retail address: 402 E. Main Street City: ANAMOSA State: IA ZIP: 52205

Mailing address: PO Box 70, Attn: Tracey Wilson City: Boone State: IA ZIP: 50036

Phone: 319-462-4425

**Legal Ownership Information:**

Type of ownership: Sole Proprietor ☐ Partnership ☐ Corporation ☒ LLC ☐ LLP ☐

Name of sole proprietor, partnership, corporation, LLC, or LLP: Fareway Stores, Inc.

Primary office address: 715 8th St. PO Box 70 City: Boone State: IA ZIP: 50036

Phone: 515-433-5336 Fax: 515-433-4416 Email: storelicenses@farewaystores.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? If yes, provide permit number(s):  
NA

Include with this application a list of your suppliers and customers on a separate sheet.

**Identify partners or corporate officers if the business is not a sole proprietorship.**

Name: \*\* See Attached Schedule #1 \*\* Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

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. I 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.

**Signature of Owner(s), Partner(s), or Corporate Official(s)**

Printed name: Garrett S Piklapp

Printed name: \_\_\_\_\_

Signature:   
Garrett S Piklapp (Apr 7, 2024 12:24 CDT)

Signature: \_\_\_\_\_

Date: 04/07/2024

Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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: \_\_\_\_\_
- 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 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: [lapledge@iowaabd.com](mailto:lapledge@iowaabd.com)
- Fax: 515-281-7375

## Iowa Retail Permit Application for Cigarette/Tobacco/Nicotine/Vapor Instructions

### General Instructions

- Complete all applicable fields. A permit will not be issued until this application is properly completed and has been approved by your local jurisdiction or the Iowa Department of Revenue.
- Fill in the month, day, and years that this application covers.
- All permits expire annually on June 30.
- A new application must be submitted every year.

### Business Information

- Fill in the legal name/DBA name of the business.
- Fill in the retail location address, city, and ZIP code. This is the address that will appear on the permit, if approved. If you are making mobile sales (see below for further instructions), use this line to report the address of the location from which your vehicle will be dispatched.
- Fill in the mailing address or PO Box, city, state, and ZIP code.
- Fill in the 10-digit phone number of the business.

### Legal Ownership Information

- Check the ownership type of the business.
- Fill in the name(s) of the sole proprietor, partnership, the corporation, the LLC, or the LLP that owns the business. This is not the store manager or the corporate president. Do not fill in the name of an individual unless the type of ownership is sole proprietor.
- Fill in the address, city, state, and ZIP code of the business' primary office.
- Fill in the 10-digit phone number, fax number, and email address of the legal owner.

### Retail Information

- Check the box for the type of sales the business will make.
- If you will make mobile retail sales, include the vehicle identification number (VIN) and license plate number for the vehicle from which sales will be made. NOTE: Each vehicle is a separate retail location. If you plan to make retail sales from more than one vehicle, you must complete a separate application for each vehicle from which retail sales will be made.
- Check the types of products sold at the business.
- Check the box that best describes the type of business establishment.
- If you have other permits issued pursuant to Iowa Code chapter 453A, list those permit numbers.
- Print the name of the sole proprietor, the partner(s), or corporate official signing this application.
- Sign and date the application. The application must be signed by the owner, one of the partners, or one of the corporate officers listed above. A preparer's or store manager's signature is not acceptable.
- Return this application and fee to your local jurisdiction: city clerk (within city limits) or county auditor (outside of city limits).

### Permit Fees

- The price of a retail permit depends on the location of the business and the month issued

Location	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun
Outside of city limits	\$50.00	\$37.50	\$25.00	\$12.50
City of less than 15,000	\$75.00	\$56.25	\$37.50	\$18.75
City of 15,000 or more	\$100.00	\$75.00	\$50.00	\$25.00

### For City Clerk/County Auditor Only

Send completed/approved applications within 30 days of issuance to [iapledge@iowaabd.com](mailto:iapledge@iowaabd.com) or by fax to 515-281-7375.

Visit the Iowa Department of Revenue at [tax.iowa.gov](http://tax.iowa.gov) for information regarding minimum price, a list of approved brands, a list of licensed distributors, and answers to frequently asked questions.






# Cigarette Permit Application 7.1.24 thru 6.30.25 Filled-In

Final Audit Report

2024-04-07

Created:	2024-04-05
By:	Tracey Wilson (twilson@farewaystores.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAAnUygrOJ8qULdRYJhg5pXcgb1sla7vQ_p

## "Cigarette Permit Application 7.1.24 thru 6.30.25 Filled-In" History

-  Document created by Tracey Wilson (twilson@farewaystores.com)  
2024-04-05 - 8:54:46 PM GMT- IP address: 104.153.60.33
-  Document emailed to Garrett Piklapp (gpiklapp@farewaystores.com) for signature  
2024-04-05 - 8:54:50 PM GMT
-  Email viewed by Garrett Piklapp (gpiklapp@farewaystores.com)  
2024-04-07 - 5:23:51 PM GMT- IP address: 188.241.249.161
-  Document e-signed by Garrett Piklapp (gpiklapp@farewaystores.com)  
Signature Date: 2024-04-07 - 5:24:59 PM GMT - Time Source: server- IP address: 70.39.10.7
-  Agreement completed.  
2024-04-07 - 5:24:59 PM GMT



Adobe Acrobat Sign



Wholesale Office  
2300 Industrial Park Road, P.O. Box 70  
Boone, IA 50036-0070  
Phone: 515-432-2623  
Fax: 515-433-4416

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## List of Suppliers:

#1

Midwest Quality Wholesale Inc.  
2300 Industrial Park Rd  
PO Box 70  
Boone, IA 50036

Iowa Cigarette Permit or Tobacco License #860401584





Corporate Headquarters  
715 8<sup>th</sup> Street, P.O. Box 70  
Boone, IA 50036-0070  
Phone: 515-432-2623  
Fax: 515-432-3304

Name & SS #	Title	Home Address	DOB	% of Share
Garrett Stewart Piklapp 485-98-4541	President	105 Iron Drive Huxley, IA 50124	6/4/1981	0.00%
Jeff Donald Dighton 479-96-1542	Treasurer	1204 Nightingale Place Boone, IA 50036	10/20/1971	0.00%
The Fareway Control Trust Scott H. Beckwith, Trustee 35-7000858		715 8th Street Boone, IA 50036		57.03%
Fred E. Vitt Control Trust Frederick J. Vitt, Trustee 35-7033622		Box 246 Boone, IA 50036		11.09%
Various individuals & Trusts, each holding less than 5% of the stock				31.88%







Department of Revenue

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

tax.iowa.gov

Additional instructions are on the final page.

For period (MM/DD/YYYY) 7 / 1 / 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): Giggle Juice Liquor Station, LLCIowa sales and use tax account number: 1-53-007945Retail address: 600 W. Main St. City: Anamosa State: IA ZIP: 52205Mailing address: 22874 Ridge Rd. E28 City: Anamosa State: IA ZIP: 52205Phone: 319-350-6301

## Legal Ownership Information:

Type of ownership: Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC ☒ LLP ☐Name of sole proprietor, partnership, corporation, LLC, or LLP: Giggle Juice Liquor Station, LLCPrimary office address: 22874 Ridge Rd. E28 City: Anamosa State: IA ZIP: 52205Phone: 319-350-6301 Fax: 319-462-6148 Email: jk@delanceyelectric.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): \_\_\_\_\_

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. Coremark Midcontinent

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

Name: Karen Delancey Title: Sole MemberAddress: 22874 Ridge Rd. E28City: Anamosa State: Iowa ZIP: 52205

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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: Karen Delancey, Sole Member

Authorized Signature: Karen D. Delancey

Date: 5/31/24 Email: jk@delanceyelectric.com

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: \_\_\_\_\_
- 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 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: [japledge@iowaabd.com](mailto:japledge@iowaabd.com)
- Fax: 515-281-7375

**Additional instructions are on the final page.**For period (MM/DD/YYYY) 07 / 01 / 2024 through 06/30/2025

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): Smoke shop & Vape anamosaIowa sales and use tax account number: 302406621Retail address: 405 east main street City: anamosa State: IA ZIP: 52205Mailing address: 6921 Suerry DR City: Cedar Rapids State: IA ZIP: 52402Phone: 773-4706845**Legal Ownership Information:**Type of ownership: Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC ☒ LLP ☐

Name of sole proprietor, partnership, corporation, LLC, or LLP: \_\_\_\_\_

Primary office address: 6921 Suerry DR City: Cedar Rapids State: IA ZIP: 52402Phone: 773-4706845 Fax: \_\_\_\_\_ Email: mnk9118@gmail.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? If yes, provide permit number(s): \_\_\_\_\_

Include with this application a list of your suppliers and customers on a separate sheet.

**Identify partners or corporate officers if the business is not a sole proprietorship.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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. I 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.

**Signature of Owner(s), Partner(s), or Corporate Official(s)**Printed name: mohannad Aqeel

Printed name: \_\_\_\_\_

Signature: [Signature]

Signature: \_\_\_\_\_

Date: 05/02/2024

Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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: \_\_\_\_\_
- 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 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](mailto:iapledge@iowaabd.com)
- Fax: 515-281-7375



Department of Revenue

**Iowa Retail Permit Application  
for Cigarette/Tobacco/Nicotine/Vapor**

tax.iowa.gov

**Additional instructions are on the final page.**For period (MM/DD/YYYY) 06 / 30 / 2024 through 06/30/ 2025

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): Tapkens Convenience PlusIowa sales and use tax account number: LG0000224Retail address: 306 S Elm St. City: Anamosa State: Ia ZIP: 52205Mailing address: 306 S Elm St. City: Anamosa State: Ia ZIP: 52205Phone: 319-462-4241**Legal Ownership Information:**Type of ownership: Sole Proprietor ☒ Partnership ☐ Corporation ☐ LLC ☐ LLP ☐Name of sole proprietor, partnership, corporation, LLC, or LLP: Anamosa Travel Mart IncPrimary office address: 306 S Elm St. City: Anamosa State: Ia ZIP: 52205Phone: 319-462-4241 Fax: 319 462 3637 Email: \_\_\_\_\_**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): \_\_\_\_\_

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: Andrea Coyle Title: ManagerAddress: 306 S Elm StCity: Anamosa State: Ia ZIP: 52205

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: 306 S Elm St.City: Anamosa State: Ia ZIP: 52205Name: Tapkens Title: Mgr Manager

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: Andrea CoyleAuthorized Signature: Andrea CoyleDate: 5-31-24 Email: andid.foster42@gmail.com

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: \_\_\_\_\_
- 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 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](mailto:iapledge@iowaabd.com)
- Fax: 515-281-7375

## Iowa Retail Permit Application for Cigarette/Tobacco/Nicotine/Vapor Instructions

### General Instructions

- Complete all applicable fields. A permit will not be issued until this application is properly completed and has been approved by your local jurisdiction or the Iowa Department of Revenue.
- Fill in the month, day, and years that this application covers.
- All permits expire annually on June 30.
- A new application must be submitted every year.

### Business Information

- Fill in the legal name/DBA name of the business.
- Fill in the 9-digit Iowa sales and use tax permit number.
- Fill in the retail location address, city, and ZIP code. This is the address that will appear on the permit, if approved. If you are making mobile sales (see below for further instructions), use this line to report the address of the location from which your vehicle will be dispatched.
- Fill in the mailing address or PO Box, city, state, and ZIP code.
- Fill in the 10-digit phone number of the business.

### Legal Ownership Information

- Check the ownership type of the business.
- Fill in the name(s) of the sole proprietor, partnership, the corporation, the LLC, or the LLP that owns the business. This is not the store manager or the corporate president. Do not fill in the name of an individual unless the type of ownership is sole proprietor.
- Fill in the address, city, state, and ZIP code of the business' primary office.
- Fill in the 10-digit phone number, fax number, and email address of the legal owner.

### Retail Information

- Check the box for the type of sales the business will make.
- If you will make mobile retail sales, include the vehicle identification number (VIN) and license plate number for the vehicle from which sales will be made. NOTE: Each vehicle is a separate retail location. If you plan to make retail sales from more than one vehicle, you must complete a separate application for each vehicle from which retail sales will be made.
- Check the types of products sold at the business.
- Check the box that best describes the type of business establishment.
- Print the name of the sole proprietor, the partner(s), or corporate officials (up to three).
- Sign and date the application. The application must be signed by an authorized party.
- Return this application and fee to your local jurisdiction: city clerk (within city limits) or county auditor (outside of city limits).

### Permit Fees

- The price of a retail permit depends on the location of the business and the month issued

Location	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun
Outside of city limits	\$50.00	\$37.50	\$25.00	\$12.50
City of less than 15,000	\$75.00	\$56.25	\$37.50	\$18.75
City of 15,000 or more	\$100.00	\$75.00	\$50.00	\$25.00

### For City Clerk/County Auditor Only

Send completed/approved applications within 30 days of issuance to [iapledge@iowaabd.com](mailto:iapledge@iowaabd.com) or by fax to 515-281-7375.

Visit the Iowa Department of Revenue at [tax.iowa.gov](http://tax.iowa.gov) for information regarding minimum price, a list of approved brands, a list of licensed distributors, and answers to frequently asked questions.







Department of Revenue

**Iowa Retail Permit Application  
for Cigarette/Tobacco/Nicotine/Vapor**

tax.iowa.gov

**Additional instructions are on the final page.**

For period (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ through 06/30/\_\_\_\_

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): UP in SmokeIowa sales and use tax account number: 31-3232229Retail address: 113 E Main St City: Amamosa State: IA ZIP: 52205Mailing address: 113 E Main St City: Amamosa State: IA ZIP: 52205Phone: 319-560-1529**Legal Ownership Information:**Type of ownership: Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC ☒ LLP ☐Name of sole proprietor, partnership, corporation, LLC, or LLP: UP in Smoke LLCPrimary office address: 228 W 7th St City: Monticello State: IA ZIP: 52310Phone: 319-560-1329 Fax: \_\_\_\_\_ Email: amberlight1981@gmail.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):

NoDo 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: Amber Light Title: ownerAddress: 228 W 7th StCity: Monticello State: Iowa ZIP: 52310

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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: Amber Light Owner

Authorized Signature: Amber Light

Date: 10-1-2024 Email: ambermlight1781@gmail.com

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: \_\_\_\_\_
- 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 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](mailto:iapledge@iowaabd.com)
- Fax: 515-281-7375

**Additional instructions are on the final page.**

For period (MM/DD/YYYY) 06 / 30 / 2024 through 06/30/2025

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): Walmart, Inc. DBA - Walmart #646

Iowa sales and use tax account number: 0-00-006194

Retail address: 101 115th St. City: Anamosa State: IA ZIP: 52205

Mailing address: 702 SW 8th St. Mail Stop 0500. City: Bentonville State: AR ZIP: 72716-0500.

Phone: (319)462-3411

**Legal Ownership Information:**

Type of ownership: Sole Proprietor ☐ Partnership ☐ Corporation ☒ LLC ☐ LLP ☐

Name of sole proprietor, partnership, corporation, LLC, or LLP: Walmart, Inc.

Primary office address: 702 SW 8th St. City: Bentonville State: AR ZIP: 72716-0500

Phone: (479)371-0964 Fax: \_\_\_\_\_ Email: COMPLIC@WAL-MART.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) ☒ Retail

Do you have other permits issued under Iowa Code chapter 453A? If yes, provide permit number(s): \_\_\_\_\_

Include with this application a list of your suppliers and customers on a separate sheet.

**Identify partners or corporate officers if the business is not a sole proprietorship.**

Name: Please see attached list. Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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. I 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.

**Signature of Owner(s), Partner(s), or Corporate Official(s)**

Printed name: Sarah Little \_\_\_\_\_

Signature:  \_\_\_\_\_

Date: 4/30/2024 \_\_\_\_\_

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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: \_\_\_\_\_
- 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 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](mailto:iapledge@iowaabd.com)
- Fax: 515-281-7375

# Iowa Retail Permit Application for Cigarette/Tobacco/Nicotine/Vapor Instructions

## General Instructions

- Complete all applicable fields. A permit will not be issued until this application is properly completed and has been approved by your local jurisdiction or the Iowa Department of Revenue.
- Fill in the month, day, and years that this application covers.
- All permits expire annually on June 30.
- A new application must be submitted every year.

## Business Information

- Fill in the legal name/DBA name of the business.
- Fill in the retail location address, city, and ZIP code. This is the address that will appear on the permit, if approved. If you are making mobile sales (see below for further instructions), use this line to report the address of the location from which your vehicle will be dispatched.
- Fill in the mailing address or PO Box, city, state, and ZIP code.
- Fill in the 10-digit phone number of the business.

## Legal Ownership Information

- Check the ownership type of the business.
- Fill in the name(s) of the sole proprietor, partnership, the corporation, the LLC, or the LLP that owns the business. This is not the store manager or the corporate president. Do not fill in the name of an individual unless the type of ownership is sole proprietor.
- Fill in the address, city, state, and ZIP code of the business' primary office.
- Fill in the 10-digit phone number, fax number, and email address of the legal owner.

## Retail Information

- Check the box for the type of sales the business will make.
- If you will make mobile retail sales, include the vehicle identification number (VIN) and license plate number for the vehicle from which sales will be made. NOTE: Each vehicle is a separate retail location. If you plan to make retail sales from more than one vehicle, you must complete a separate application for each vehicle from which retail sales will be made.
- Check the types of products sold at the business.
- Check the box that best describes the type of business establishment.
- If you have other permits issued pursuant to Iowa Code chapter 453A, list those permit numbers.
- Print the name of the sole proprietor, the partner(s), or corporate official signing this application.
- Sign and date the application. The application must be signed by the owner, one of the partners, or one of the corporate officers listed above. A preparer's or store manager's signature is not acceptable.
- Return this application and fee to your local jurisdiction: city clerk (within city limits) or county auditor (outside of city limits).

## Permit Fees

- The price of a retail permit depends on the location of the business and the month issued

Location	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun
Outside of city limits	\$50.00	\$37.50	\$25.00	\$12.50
City of less than 15,000	\$75.00	\$56.25	\$37.50	\$18.75
City of 15,000 or more	\$100.00	\$75.00	\$50.00	\$25.00

## For City Clerk/County Auditor Only

Send completed/approved applications within 30 days of issuance to [iapledge@iowaabd.com](mailto:iapledge@iowaabd.com) or by fax to 515-281-7375.

Visit the Iowa Department of Revenue at [tax.iowa.gov](http://tax.iowa.gov) for information regarding minimum price, a list of approved brands, a list of licensed distributors, and answers to frequently asked questions.



**CORPORATE OFFICERS**  
**Walmart Inc.**

<b>NAME AND TITLE</b>	<b>BUSINESS ADDRESS</b>
Carl Douglas McMillon President & CEO	702 S.W 8 <sup>th</sup> Street Bentonville, AR 72716
Matthew Allen Assistant Treasurer	702 S.W 8 <sup>th</sup> Street Bentonville, AR 72716
Emma Waddell Senior Vice President	702 S.W. 8 <sup>th</sup> Street Bentonville, AR 712716
Sarah Little Assistant Secretary	702 S.W 8 <sup>th</sup> Street Bentonville, AR 72716

The above officers / directors own less than 1% stock of Walmart Inc. a public corporation.



**U.S. Ethics  
& Compliance**  
*The right way, every day*



702 SW 8th Street  
Bentonville, AR 72716-0500  
Phone 479-204-8680  
Fax 479-204-9864  
[www.walmart.com](http://www.walmart.com)

April 29, 2024

To Whom It May Concern:

RE: License Renewals

Please find the enclosed renewal application and payment(s) for Walmart/Sam's Club.

**Please mail/email all permits and future renewal documents to:**

Walmart Licensing  
702 SW 8<sup>th</sup> St, MS # 0500  
Bentonville, AR 72716-0500  
Email: [Complic@wal-mart.com](mailto:Complic@wal-mart.com)

If you have any questions, please contact Lilian Calderon at 479.371.0964  
or [Lilian.Calderon@walmart.com](mailto:Lilian.Calderon@walmart.com).

Sincerely,

**Lilian Calderon – Licensing & Compliance Analyst**  
U.S. Ethics and Compliance  
Phone: 479-371-0964, fax: 479-204-0980

702 SW 8<sup>th</sup> Street | Bentonville, AR  
72716 Mail Stop: 0500  
Email: [Lilian.Calderon@walmart.com](mailto:Lilian.Calderon@walmart.com)  
Compliance Hotline: 1-800-530-9923



**Walmart**  
GLOBAL ETHICS & COMPLIANCE

App ID: 753842



Walmart Licensing  
Dept 10901  
702 SW 8<sup>th</sup> Street  
Bentonville, AR 72716-0500  
Phone: (479)371-0964  
Lilian.Calderon @walmart.com

753842 1

Date: / /

## ATTENTION

In an effort to streamline communication as well as minimize contact to your office, I am kindly asking you take a moment to complete the below questionnaire and email to:

**Lilian.Calderon@walmart.com**

Subject line: Tobacco License Renewal (Walmart #646)

1. Was our application received timely & contain all necessary information/ payment(s) required to renew our license(s)?

YES ☐ NO ☐

If answered NO, what is needed? \_\_\_\_\_

2. Does the timely submission of our application & payment keep our facilities compliant to operate?

YES ☐ NO ☐

3. Can a copy of our renewed license(s) be emailed?

YES ☐ NO ☐

If answered YES, please email License(s) to: **Lilian.Calderon@walmart.com**

Agency contact information:

Licensing Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Licensing Email \_\_\_\_\_

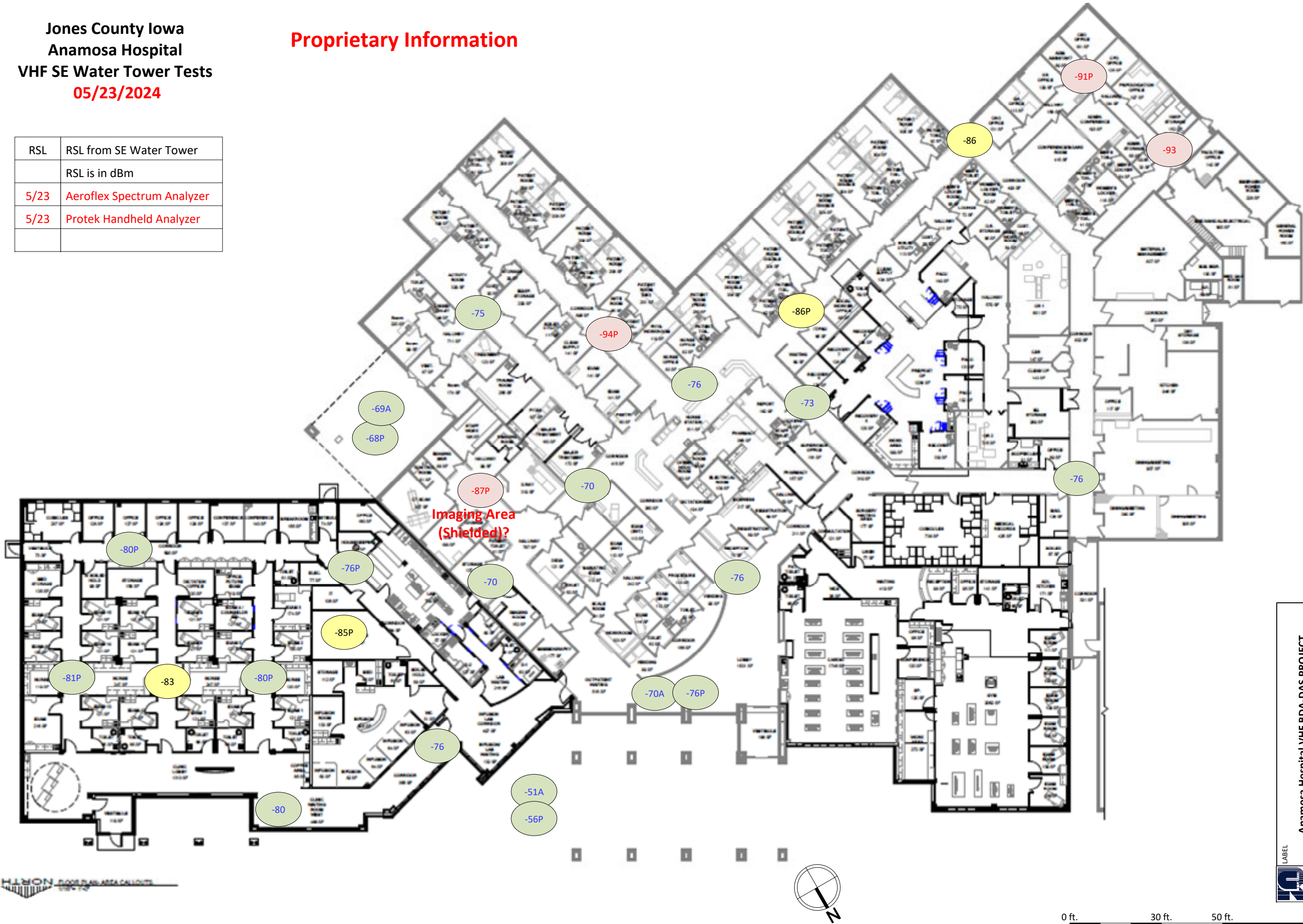
**Your partnership is greatly appreciated!**



Jones County Iowa  
Anamosa Hospital  
VHF SE Water Tower Tests  
05/23/2024

Proprietary Information

RSL	RSL from SE Water Tower
	RSL is in dBm
5/23	Aeroflex Spectrum Analyzer
5/23	Protek Handheld Analyzer



LABEL	Anamosa Hospital VHF BDA-DAS PROJECT			
DESCRIPTION	South East Water Tower VHF Tests			
DRAWN BY	TLH	DATE	05/15/2024	
FILENAME	ANAMOSA HOSPITAL SE WT TESTS 5-23-24.VSDX		PAGE	2 OF 2
SCALE	1:360		REVISED	05/23/2024 TLH

5-23-2024

For this test.

There were a couple of variations, totally expected with this facility – construction etc.

Several things to consider – RF 101.

- The higher the negative number = weaker signal strength.
- Personal “Rule of Thumb”
  - Analog Narrowband requires about 0.5 microvolts for intelligible reception.
    - This = approximately -110 dBm to -113dBm RSL >>>**IN A PERFECT WORLD**
- Unknown’s or assumptions tossed in for “Real World”
  - Noise Floor from Man Made Devices (Computers, Lights, Machinery, etc.)
    - Example: If the noise floor inside an area was -110 then radio would more than likely receive very noisy audio signal.
  - Body attenuation (Handheld Radio “on the hip”)
    - Could add another 8dB to 10dB of signal attenuation.
  - Antenna efficiency, and held in upright (Vertical) position.
    - Not like you see on cop shows where they are talking on the radio sideways (horizontal) position.
- P25 Conventional aka Phase I, (FDMA) can perform reliably with approximately 10dBm+ weaker signal compared to Analog Narrowband.
- P25 Trunking Phase II, (TDMA) is not as forgiving as Phase 1 FDMA due to timing sync and reflections, etc.

Summary, I think this is best solution.

Thanks

Terry

Terry L Harris  
Radio Communications Co., Inc./RCSysystems  
2131 North Towne Lane NE  
Cedar Rapids, IA 52402

# COMMUNICATION SITE

## Co-Location Agreement

### **Owner-Landlord**

City of Anamosa  
107 South Ford St  
Anamosa, IA 52205

### **Tenant:**

Jones County 911 Service Board  
Jones County Courthouse  
500 West Main St, Room 34  
Anamosa, IA 52205

**WHEREAS**, Landlord and Tenant now desire to enter into an Agreement to provide certain floor space in Landlord's Building, space on Landlord's Water Tower and, as applicable, certain real property space on Landlord's Site for the purposes of maintaining an emergency communications system under the following terms and conditions:

- A. Landlord owns a water tower, hereinafter referred to as the "Tower".
- B. Landlord owns a building, either located directly below or next to the tank, hereinafter referred to as the "Building".
- C. Landlord owns real property where the Tower is located hereinafter referred to as the "Site".
- D. The Tower, Building and Property are herein referred to as the "Premises".
- E. The term "Landlord" shall refer to the Owner-Landlord, and "Tenant" shall refer to the Renter-Tenant.

**Premises:** Landlord hereby agrees to allow the Tenant, the following:

Space for **Emergency Radio Communication System** to include:

Space on Landlord's Tower for antenna(s), transmission and power line(s), antenna leg mounts at the top of the tower, and space and power for an equipment cabinet.

**Term:** The term of this Agreement shall be for a period of Five (5) years, commencing on the date of this Agreement. This Agreement shall automatically renew for Four (4) additional Five (5) year periods thereafter, unless either party gives notice to the other of its intention to terminate not less than sixty (60) days prior to the end of the initial term or any renewal term. Upon termination (whether due to the expiration of the initial term or any renewal term or earlier pursuant to the terms hereof), Tenant agrees to remove its equipment and wiring from the Premises within sixty (60) days of such termination.

Tenant shall leave the Premises in substantially the condition they are in as of the commencement of this Agreement, normal wear and tear accepted, unless otherwise agreed upon. Should Tenant remain in possession of the Premises after the date of termination of this Agreement as herein required without Landlord's prior approval, Tenant shall relinquish any rights or obligations to remaining equipment.

**Consideration:** The consideration to be allowed to the Tenant is as follows:

The Landlord shall grant the Tenant, beginning upon the commencement of this Agreement, permission to operate under the terms of this Agreement in its entirety.

### **Tower Site Information:**

Location:	Anamosa, Iowa
Address:	201 Tower Road, Anamosa, IA 52205
	Jones County, Iowa
FAA Study:	N/A
Tower Facility Owner:	City of Anamosa

**Site Access:** Tenant acknowledges that the "Premises" is a municipal water supply facility providing critical support in the community inclusive of surrounding areas and is a secure site.

Landlord hereby restricts to Tenant, Tenant's employees, agents, independent contractors and subcontractors the right-of-way of access for the installation, operation and maintenance of the emergency radio communication system equipment.

Access shall only be obtained by the Landlord and/or designated Jones County Officials and the present "Radio Equipment Service Provider" Radio Communications Company in Cedar Rapids, IA. Access shall be over existing roads and premises, or those roads that may be established by Landlord hereafter.

Outside service organizations maintaining equipment will be allowed access only with authorization by Landlord or the present "Radio Equipment Service Provider" Radio Communications Company in Cedar Rapids, IA.

At no time shall the private drive leading to and from the Premises be blocked or restricted for the ingress or egress of the present property owner.

**Insurance:** During the initial term and all renewal terms, the Tenant shall be solely responsible and maintain at its own expense insurance covering all of its equipment, antennas and lines located on the premises. In addition, the Landlord and designated radio equipment service provider shall each maintain insurance coverage, at their own respective expense, insurance covering claims for public liability, personal injury, death, and property damage under a policy of general liability insurance.

Tenant shall maintain limits of not less than one million dollars (\$1,000,000) per occurrence and property damage insurance of not less than fifty thousand dollars (\$50,000) per occurrence and insurance shall insure against liabilities arising out of or in connection with landlord or tenants use or occupancy of the property subject to the standard exceptions found in the general liability insurance policy. Tenant shall maintain an umbrella liability policy of Not Less Than \$9,000,000.

Landlord shall not be responsible for any loss or damage to equipment owned by the Tenant.

Worker Compensation: Coverage statutory for the State of Iowa. Employer's liability: Bodily injury by accident \$100,000 each accident. Bodily by disease \$100,000 each employee/500,000 policy limit.

Comprehensive General Liability: \$1,000,000 each occurrence, \$4,000,000 aggregate for claims resulting from bodily injury or property damage.

Automobile Liability: \$1,000,000 each occurrence, \$1,000,000 aggregate for claims resulting from bodily injury or property damage.

**Assignment and Subletting:** Tenant may not assign, or otherwise transfer all or any part of its interest in this Agreement without the prior written consent of Landlord.

**Notices:** Any notices, requests, demands, or other consents required or permitted to be given hereunder shall be in writing, sent by certified or registered mail, postage prepaid, or by prepaid telegram, confirmed by mail, as follows:

**If to owner-Landlord:**

Mayor, City of Anamosa  
107 South Ford St  
Anamosa, IA 52205  
Telephone: (319) 462-6055

**Copy to:**

Company President (Radio Equipment Service Provider)

RC Systems, Radio Communications Company, Inc.  
2131 North Towne Lane N.E.  
Cedar Rapids, Iowa 52402  
Telephone: (319) 393-7150  
Facsimile: (319) 393-9273  
E-Mail: terry@rcsystems.com

**If to Tenant:**

Jones County 911 Service Board  
Attn: 911 Coordinator  
500 West Main St, Room 34  
Anamosa, IA 52205  
Telephone: (319) 462-2735  
E-Mail: 911@co.jones.ia.us

The address to which any notice, demand, or other writing may be delivered to any party as above, may be changed by written notice given by such party as above provided.

**Licenses and Permits:** Tenant shall be solely responsible for any cost or expense associated with obtaining any approval or permits associated for its use of the Premises. Landlord hereby agrees to cooperate with Tenant in obtaining any approvals required by Tenant for its use of the Premises.

**Interference:** Tenant shall not permit its operations hereunder, including any additional equipment installed in the future, to cause interference with the existing use of the Premises by any other party. Landlord shall be responsible for coordinating and resolving any interference problems with any transmitters and receivers operating on the Tower. Tenant agrees to cooperate in resolving any interference to or from its equipment. Tenant shall be responsible for resolving interference problems that arise as a result of operation from Tenant's equipment. Landlord retains the right to terminate or disconnect any equipment involved in the interference resulting from the operation of Tenant's equipment in the event Tenant fails to resolve such interference problem within thirty (30) days of a request from Landlord. Tenant agrees to notify the Landlord should the frequencies or equipment change. In the event Tenant breaches the covenants contained in this paragraph, Landlord may terminate this Agreement, at its option, after giving Tenant not less than ten (10) days written notice.

**Installation:** All Antennas and lines shall be appropriately installed and grounded. Tenant shall during the term hereof repair, replace and maintain all of its equipment at its own cost and expense.

Equipment installation and service assistance is available from RC Systems, Radio Communications Co., Inc. if desired. Antenna and Line installation can be provided by RC Systems, Radio Communications Co., Inc at current rates plus materials used.

**Utilities:** Landlord agrees to permit Tenant to connect its equipment to the existing utility facilities servicing the Premises provided such service is sufficient to supply Tenant's requirements. Should the utility service require upgrading as a result of Tenant's equipment, Tenant shall be responsible for any additional service required.

Landlord shall not be responsible for any damages or loss to Tenant's equipment of any nature arising from power interruption, surge or any other electrical failure.

**Site:** Landlord shall maintain and operate its Tower and any attachments thereto in compliance with all government regulations, except insofar as Tenant is made responsible by this Agreement. Landlord shall maintain the Tower and surrounding premises in good condition and state of repair. During the term of this Agreement, Tenant shall comply with all applicable laws affecting the Premises, the breach of which might result in any penalty on Landlord or forfeiture of Landlord's title to the Premises. Tenant shall not commit, or suffer to be committed, any waste on the Premises, or any nuisance.

**Maintenance:** Any and all maintenance actions required on Landlord own Premises are the sole responsibility of the Landlord. Tenant is obligated only in such instance as Tenant owned property restricts or prohibits the completion of said maintenance actions. In such instances, Tenant is required, at Tenant expense, to facilitate Landlord's maintenance actions. Landlord shall provide 30 (30) days' notice of impending maintenance activity that will necessitate Tenant action. Landlord shall also provide time frame for completion of maintenance activity and if necessary assist Tenant in planning and implementing alternative actions to maintain Tenant operations.

**Compliance with Laws:** Landlord represents and warrants to Tenant that the premises as of the initial date of this Agreement are in compliance in all material respects with the provisions of all laws applicable. Landlord has made diligent inquiry and examination and is not aware of any asbestos anywhere in or on the Building nor underground storage facilities anywhere on the Premises.

**Conflict of Interest:** Landlord represents and warrants that no officer, employee, or agent of the Tenant has been or will be employed, retained, paid a fee, or otherwise has received or will receive any personal compensation or consideration by or from the Landlord or any of Landlord's officers, employees or agents in connection with the obtaining, arranging, or negotiation of this Agreement or other documents or agreements entered into or executed in connections herewith.

**Tower Lighting:** If applicable the Landlord monitors the tower lighting under FCC and FAA rules and follows the FAA requirements for Flight Service Station notification of any outage. The tower lighting conforms to the FCC and FAA rules at the time of installation.

**Use of Equipment:** Tenant shall have the use of its equipment and may use said equipment at any time without prior consultation with or further consent from Landlord. Tenant shall also have sole control over the hours of operation and mode of operation of its equipment. Tenant reserves the right to temporarily or permanently terminate the use of its equipment or the operation of the communications facility for any reason whatsoever without affecting the Agreement. Tenant shall have sole responsibility for the content of any broadcast or transmission arising out of the use of its equipment.

**Termination:** Equipment provided by Tenant shall at all times remain its exclusive property. Upon termination of the Agreement by either party, removal shall be done in a manner as to cause no damage to property owned by Landlord. If any damage results from said removal, all repairs necessary to return the premises or property to the original condition shall be done at Tenant's sole expense. In the event of termination by Tenant pursuant to this provision, Landlord shall be relieved of all further liability hereunder. Tenant may terminate this Agreement, at its option, after giving not less than sixty (60) days written notice to Landlord, if

1. Any governmental agency denies a permit, license or approval to construct or operate the equipment, or
2. There are technical problems or radio interference problems that cannot be corrected and preclude Tenant from using the premises for its intended purpose.
3. Upon a default of any covenant or term hereof by the Landlord, which default is not cured within ninety (90) days or receipt of written notice of default.
4. The tower and/or building is damaged or destroyed and cannot be repaired within 90 days of such damage.

**Indemnification And Hold Harmless:**

1. Landlord agrees to indemnify and hold Tenant harmless from any and all claims (including reasonable costs and expenses of defending against such claims) arising from any breach of this Agreement or of any representation or warranty made by Landlord, or any negligent act, negligent omission, or intentional tort of Landlord or Landlord's agents, employees, contractors, invitees or licensees.



2. Tenant agrees to indemnify and hold Landlord harmless from any and all claims (including reasonable costs and expenses of defending against such claims) arising from any breach of this Agreement or of any representation or warranty made by Tenant, or any negligent act, negligent omission, or intentional tort of Tenant or Tenant's employees.
3. Neither Landlord nor Tenant shall in any event be liable in damages for each other's business loss, business interruption or other special, incidental; or consequential damages of whatever kind or nature, regardless of the cause of such damages and each party, and anyone claiming by or through them, expressly waives all claims for such damages.

**Waiver of Landlord's Lien:** Landlord waives any lien rights it may have concerning the Tenant's equipment which are deemed Tenant's personal property and not fixtures, and Tenant has the right to remove the same at any time without Landlord's consent.

**Non-Disturbance:** In the event the property is encumbered by a mortgage as of the date of this Agreement, the Landlord shall request that the holder of each such mortgage execute a non-disturbance agreement, to be prepared by Tenant, and cooperate with Tenant toward such end to the extent that such cooperation does not cause Landlord additional financial liability or expense.

**Environmental Representation:** Landlord represents and warrants that the Property and the Premises are in compliance with all applicable environmental laws in effect as of the date of this Agreement. Landlord will hold Tenant harmless should the presence of hazardous materials, toxic or dangerous waste materials arise during the course of this Agreement.

**Construction Drawings:** Tenant shall submit to Landlord all construction drawings, which shall detail the plans and specifications for Tenant's equipment installation and a list of contractors and subcontractors if applicable.

**Agreement:** This document constitutes the entire agreement of the parties hereto and shall supersede all prior offers, negotiations and agreements. Any modification or amendment to this Agreement must be in writing and must be signed by all parties hereto to be effective, any rule of law to the contrary notwithstanding.

Landlord represents and covenants that Landlord owns the premises provided to Tenant and has full authority to enter into this Agreement. Tenant represents and covenants that Tenant has full authority to enter into this Agreement with Landlord and that the individuals signing are fully empowered to do so.

The covenants and conditions contained herein shall apply to and bind the heirs, successors, executors, administrators and assigns of the parties hereto.

This Agreement is made this MONTH DAY, 20XX by and between Jones County 911 Service Board (Tenant), and City of Anamosa (Landlord).

Date lease effective MONTH DAY, 20XX

**RENTER-TENANT:**

Jones County 911 Service Board

\_\_\_\_\_  
Signature

By: \_\_\_\_\_  
Print Name

Title: \_\_\_\_\_

Date: \_\_\_\_\_

I, \_\_\_\_\_  
Do hereby certify that

\_\_\_\_\_  
Personally appeared before me this day and  
acknowledged the due execution of this  
instrument.

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature



**OWNER-LANDLORD:**

**City of Anamosa**

\_\_\_\_\_  
Signature

By: \_\_\_\_\_  
Print Name

Title: \_\_\_\_\_

Date: \_\_\_\_\_

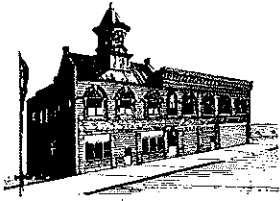
I, \_\_\_\_\_  
Do hereby certify that

\_\_\_\_\_  
Personally appeared before me this day and acknowledged the due execution of this instrument.

Witness my hand and seal this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature



## City of Anamosa

107 South Ford Street  
Anamosa, Iowa 52205  
Phone 319-462-6055  
Fax 1-319-462-6081

### ***23-DTR-004 URA and Lead Interim Controls Plan***

1/17/2024

#### **Purpose**

This document outlines the scope of work affecting tenants at properties that are part of the Anamosa Downtown Revitalization Project, 23-DTR-004. As all properties are NRHP-eligible and waivers have been requested exempting them from lead abatement, interim controls will be used where lead was identified through XRF testing. Tenants are eligible for temporary relocation support during the lead-safe work but may sign a waiver to remain while the work occurs. This option is not available for residents 18 and under. This should minimize the temporary displacement of persons.

The properties in 100–102 E Main will also lose access for a period of about two days and then five days as the existing exterior stairs, and only stairs, are removed and reconstructed. Temporary stairs will be in place between those activities. Tenants are eligible for temporary relocation support when unable to occupy their units. The short duration and combined work will minimize the temporary displacement of persons.

Below is a table summarizing the upper story apartments in the properties, the findings of the XRF testing, the presence of tenants and child tenants, loss of access, and the scope of work affecting residential units.

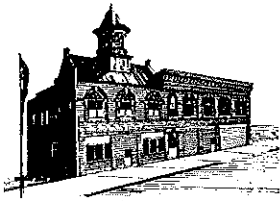
Property	Lead Present - XRF	Lead Clearance Testing	Tenants	Children Present	Loss of Access	Scope of Work
208 W Main	No	Yes	Yes			New windows
206 W Main	Yes	Yes	Jessie Pearson and Miles Simpson	Yes		New windows
100-102 E Main						
101 N Ford Unit 2	Yes	Yes	Yes	No	Yes	Stair replacement, new windows
101 N Ford Unit 3	No	Yes	Yes	No	Yes	Stair replacement, new windows
103 N Ford	Yes	Yes	Yes	No	Yes	Stair replacement, new windows
102 E Main	Not impacted by work	Yes	Yes			New windows
106 E Main			Yes			No residential work
112 E Main			Yes			No residential work
113 N Ford	Yes	Yes	Yes			New windows
115-117 N Ford						
115 N Ford	No	Yes	Yes			New windows
117 N Ford Unit B	No	Yes	Yes			New windows

#### **Lead Waiver Forms**

Lead waiver forms will be sought in all of the apartments with a “Yes” in the “Lead Present-XRF” column except for 206 W Main, which has a child tenant present.

#### **URA Applicable**

URA will be applicable to the units in 100–102 E Main for the removal of the stairs, in 206 W Main because of the presence of the child, and any units where lead-safe waivers are not completed by the tenants.



## City of Anamosa

107 South Ford Street  
Anamosa, Iowa 52205  
Phone 319-462-6055  
Fax 1-319-462-6081

### Temporary Relocation Assistance Amounts

Due to the short nature of the relocation, the City will arrange for hotel stays at the AmericInn for the tenants and a per diem of \$29 per day for food will be provided. The per diem is \$10 for lunch and \$19 for dinner. The AmericInn, which was constructed in 2009, is a comfortable, modern hotel that offers a hot continental breakfast. Tenants will also have the option to stay with friends or family if they do not want to stay at the hotel and will be provided with a per diem of \$37, which also includes breakfast. Tenants will be paid per diem in advance and not required to submit receipts for reimbursement. If any hotel stays need to be longer than anticipated, per diem may be provided after the stay, but receipts will not be required.

### Duration

For the stair removal, it is estimated that they will have a two-night stay for the stair removal and a five-night stay for the reinstallation of the stairs. For lead safe work, where there is a child tenant or waivers are not provided, it is estimated the stays will be 7- to 10- days, from the window work through the lead clearance testing. In the event a waiver is not provided for any unit losing access to the stairs, the window work would be scheduled to occur at the same time as the stair reinstallation to limit the amount of relocation. To minimize the time tenants will lose access to their apartments, temporary stairs will be constructed and in place while work is conducted on the wall behind the existing stairs.

### Notice Timeline

A 90-day notice will be provided for all URA applicable work. This means that if a notice is provided January 5, work would not commence until April 4. Work would be coordinated with the contractor to ensure the work could begin on that date, pending any reasonable, short-term delays like weather. For the stair removal and reconstruction, it is likely one notice would be provided for both the removal and reconstruction because the dates of both would likely be known prior to 90 days before the removal of the stairs.

**IEDA will be provided with a list of relocation periods and notice dates prior to the notices going to the tenants.** Tenants will be provided with the following documents for the 90-day notice:

- Combined General Information Notice
- Notice of Temporary Relocation (should be a letter broadly outlining the terms of this plan)
- Notice of Non Displacement (for those who will not be displaced due to signing waivers, etc.)
- HUD booklet for displaced tenants
- Copy of final relocation plan

Tenants will be provided with an additional notice 30 days from the temporary relocation which will state the dates and approximate duration for the temporary relocation, the location of the temporary relocation, and the per diem amount. The notice will also state that the tenant will be able to return to their current apartment.

### Lead Clearance Testing

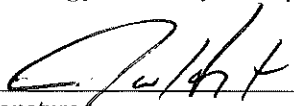
Lead clearance testing will occur on all occupiable units where work is performed that affects residential units. It will be completed appropriately prior to the return of the child tenant or any tenants who do not sign lead safe waivers.

### Tenant Surveys

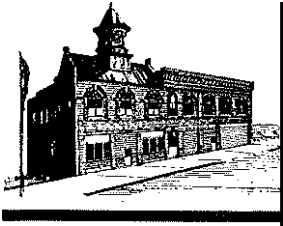
The Project Manager or Grant Administrator will meet with tenants to conduct household surveys, which will include type and tenure of household, number and ages of persons, employment status, income range, and special housing needs.

### URA Relocation Specialist Contact Information

If you have questions about the downtown revitalization project, work being performed on your apartment, or the temporary relocation, you may contact Derek Lumsden, Director, Jones County Economic Development, at 319-480-7446 or [director@jonescountydevelopment.com](mailto:director@jonescountydevelopment.com).

  
Signature

Jeremiah Hoyt, City Administrator  
Printed name, title



## City of Anamosa

107 South Ford Street  
Anamosa, Iowa 52205  
Phone 319-462-6055  
Fax 1-319-462-6081

### ***23-DTR-004 URA and Lead Interim Controls Plan***

**Addendum 5/10/2024**

To accommodate tenants with 4 pets located at 101 ½ N. Ford Street, Apartment A, the city of Anamosa, will provide a payment voucher (gift card) so the tenant may arrange a short-term stay in a vacation rental that permits pets. Verification that the rental property is sound and safe will be obtained. Price of short-term rental will be subject to City of Anamosa approval.

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Signature

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Printed name, title

**CITY OF ANAMOSA**  
**BOARD/COMMISSION CONSIDERATION REQUEST**

**BOARD/COMMISSION NAME:** Planning and Zoning

**NAME:** Jon Day

**ADDRESS:** 302 South Jones Street Anamosa

---

**PHONE NUMBER:** [REDACTED] \_\_\_\_\_

**BRIEF BIOGRAPHY** (Please give us some background information about yourself including employment, areas of interest, why this committee is of interest to you, how long you have lived in Anamosa, etc.)

I have recently retired after 26 years of employment at the Anamosa State Penitentiary, the last 4 years as the Plant Operations Manager for the facility.

I am a graduate of the Anamosa school system and a lifelong resident of the Anamosa area.

I am interested in the growth of the city of Anamosa and in continuing to make the city of Anamosa a viable place for both families and industries and that is why I wish to serve on this committee.

If you have any questions please feel free to contact me. Thank you

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**CITY OF ANAMOSA**  
**BOARD/COMMISSION CONSIDERATION REQUEST**

BOARD/COMMISSION

NAME: PLANNING & ZONING Commission

NAME: BILL FELDMANN

ADDRESS: 104 N Davis St, Anamosa

PHONE NUMBER: [REDACTED]

EMAIL: [REDACTED]

**BRIEF BIOGRAPHY** (Please give us some background information about yourself including employment, areas of interest, why this committee is of interest to you, how long you have lived in Anamosa, etc.)

I've been an Anamosa resident since Oct 99. I've been involved in leadership at St Patrick's Catholic Church as a Parish Council member for six years and Knights of Columbus member since about 2005 and a board member for 5-6 of those years. I'm an inactive member currently as a Master Gardener in Jones County. I've been involved with the Safe & Healthy Youth Coalition since 2000 or so. I'm a retired Marine/Army National Guard member as a 30 yr veteran. I'm also a retired Cedar Rapids Police Officer. I owned and operated Feldmann's Yard N Garden lawn care business for 18 yrs and am now retired from that as well.

Currently I'm volunteering and trying to give back to Anamosa. I feel like I can contribute to the Planning & Zoning Commission by using the things I learned as a city councillor for 12 yrs in Anamosa.

I respectfully request your support in approving me for the Anamosa Planning and Zoning Commission so we can keep Anamosa growing in an orderly fashion.

Thank You!



Please Remit To:  
HR Green, Inc.  
PO Box 8213  
Des Moines, IA 50301-8213  
319-841-4000

Jeremiah Hoyt  
City of Anamosa, IA  
107 S Ford Street  
Anamosa, IA 52205-1841

June 03, 2024  
Project No: 220409.01  
Invoice No: 175471  
**Invoice Total: \$1,000.00**

Project 220409.01 Anamosa, IA - WTP Disinfection System CPS  
Water Treatment Plant  
Hypochlorite Improvements - CPS

**Professional Services Through May 10, 2024**

**Fee**

Total Fee	19,100.00		
Percent Complete	57.5916	Total Earned	11,000.00
		Previous Fee Billing	10,000.00
		Current Fee Billing	1,000.00
		<b>Total Fee</b>	<b>1,000.00</b>

**Billing Limits**

	<b>Current</b>	<b>Prior</b>	<b>To-Date</b>
Total Billings	1,000.00	10,000.00	11,000.00
Limit			19,100.00
Remaining			8,100.00

**Total this Invoice** **\$1,000.00**



Please Remit To:  
HR Green, Inc.  
PO Box 8213  
Des Moines, IA 50301-8213  
319-841-4000

Jeremiah Hoyt  
City of Anamosa, IA  
1124 N. Williams  
Anamosa, IA 52205-1841

June 05, 2024  
Project No: 191791  
Invoice No: 175685  
**Invoice Total: \$725.50**

Project 191791 Anamosa, IA - GIS Services  
Email invoices to: [Jeremiah.Hoyt@anamosa-ia.org](mailto:Jeremiah.Hoyt@anamosa-ia.org)

Water = [robert.young@anamosa-ia.org](mailto:robert.young@anamosa-ia.org)  
Wastewater Department= [steve.agnitsch@anamosa-ia.org](mailto:steve.agnitsch@anamosa-ia.org)  
Streets Department= [shane.brown@anamosa-ia.org](mailto:shane.brown@anamosa-ia.org)

**Professional Services Through May 24, 2024**

Phase	2023	GIS Services Annual Renewal
Task	02	Water Department - Supplemental Services

**Professional Personnel**

	Hours	Amount	
Senior Technician	2.00	340.00	
Field Personnel	2.25	360.00	
Totals	4.25	700.00	
<b>Total Labor</b>			<b>700.00</b>

**Unit Charges**

Technology & Communication Charge	25.50	
<b>Total Unit Charges</b>	<b>25.50</b>	<b>25.50</b>

**Billing Limits**

	Current	Prior	To-Date
Total Billings	725.50	4,722.50	5,448.00
Limit			10,000.00
Remaining			4,552.00

**Total this Task \$725.50**

**Total this Phase \$725.50**

**Total this Invoice \$725.50**





Please Remit To:  
HR Green, Inc.  
PO Box 8213  
Des Moines, IA 50301-8213  
319-841-4000

Jeremiah Hoyt  
City of Anamosa, IA  
1124 N. Williams  
Anamosa, IA 52205-1841

June 05, 2024  
Project No: 191791  
Invoice No: 175686  
**Invoice Total: \$6,000.00**

Project 191791 Anamosa, IA - GIS Services  
Email invoices to: [Jeremiah.Hoyt@anamosa-ia.org](mailto:Jeremiah.Hoyt@anamosa-ia.org)

Water = [robert.young@anamosa-ia.org](mailto:robert.young@anamosa-ia.org)  
Wastewater Department= [steve.agnitsch@anamosa-ia.org](mailto:steve.agnitsch@anamosa-ia.org)  
Streets Department= [shane.brown@anamosa-ia.org](mailto:shane.brown@anamosa-ia.org)

**Professional Services Through May 24, 2024**

Phase	2024	GIS Services Annual Renewal
Task	01	AGOL Admin, GIS System Updates and Maintenance

**Fee**

Total Fee	6,000.00		
Percent Complete	100.00	Total Earned	6,000.00
		Previous Fee Billing	0.00
		Current Fee Billing	6,000.00
		<b>Total Fee</b>	<b>6,000.00</b>
		<b>Total this Task</b>	<b>\$6,000.00</b>
		<b>Total this Phase</b>	<b>\$6,000.00</b>
		<b>Total this Invoice</b>	<b>\$6,000.00</b>

City of Anamosa  
107 South Ford St.  
Anamosa, IA 52205

Invoice number 80428  
Date 05/24/2024

Project: 21070

Stallion Creek Waterway Improvements at Division St., Anamosa, IA

Professional services as outlined in our proposal letter dated March 23, 2021 and Amendment No. 1 dated September 23, 2021.

Description	Contract Amount	Prior Billed	Total Billed	Current Amount Due
A. Initial Damage Inspection & Report Efforts as part of this phase are 100% complete	6,650.00	6,650.00	6,650.00	0.00
C. Design and Permitting Efforts from 4/21/2023 to 5/18/2024 to advance project. Efforts include coordination with FEMA and Iowa Homeland Security. FEMA coordination and provide justification in an effort to continue to keep the project FEMA eligible. Coordination with City staff to discuss project status, likelihood of repairs being eligible for funding. Meetings with FEMA to confirm requirements and what is needed to keep project eligible.	61,400.00	29,233.36	33,770.36	4,537.00
D. Bidding and Award	8,000.00	0.00	0.00	0.00
Total	76,050.00	35,883.36	40,420.36	4,537.00

Invoice total 4,537.00