



## Iowa Department of Revenue

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**Director:** Courtney M. Kay-Decker  
Hoover State Office Building  
Des Moines, Iowa 50319  
[www.iowa.gov/tax](http://www.iowa.gov/tax)

### **Dear Potential Cigarette/Tobacco Distributor:**

This cover letter is for the application and surety bond form for an Iowa Cigarette and/or Tobacco Distributor's License. The fee for this license is \$100.00 per fiscal year, and the surety bond requirement for this license is \$2,500.00. The Tobacco Distributor's License is free if you hold a valid cigarette permit, and the surety requirement for this license is \$1,000.00.

Cigarette permits and tobacco products licenses are regulated by Chapters 453A and 421B of the Iowa Code. You must also comply with Chapters 453C and 453D of the Iowa Code.

### **ONLY APPROVED BRANDS OF CIGARETTES MAY BE SOLD IN IOWA**

*Any brand not on the list is contraband.* The list of approved brands is always current at <http://www.iowa.gov/tax/business/CigTobIndex.html#Lists>. Any contraband or non-Iowa tax stamped package is subject to seizure and penalties under the provisions of the Iowa Code 453A & 453D.

### **E-mail Notification**

You must go online and join the Cigarette/Tobacco eList, and you will receive an e-mail when the directory of approved brands list changes. Go to <http://elists.idrf.state.ia.us/scripts.wa.exe>. Scroll down to Cigarette and Tobacco Tax, then click on Join/Leave List. All notifications of directory changes and price changes are sent through the eList service only.

### **Cigarette Stamps**

You must use cigarette tax stamps for the purpose of applying the required cigarette tax. Little cigars are taxed at the same rate as cigarettes. The current tax rate is \$1.36 per pack of 20s and \$1.70 per pack of 25s. Stamps may be ordered from the Department of Revenue or one of the banks acting as an agent for the Department. Stamps ordered from the Department will be shipped by Fed Ex at the distributor's risk. There is no credit for stamp purchases, and there is no way to accept the payment electronically at this time. For your first two stamp orders, you must use certified funds for your stamp order.

### **Filing Requirements**

You will be required to file monthly cigarette reports to this division, which are due on or before the 10th day of each month for the preceding month. Tobacco reports are required to be filed on a monthly basis and are due on or before the 20th day of each month for the preceding month. For tobacco tax, the tax is due when the report is filed. Tobacco products (except for snuff and cigars) are taxed at 50 percent. Snuff (moist and dry) products are taxed at \$1.19 per ounce. Cigars are taxed at 50 percent or \$.50 per cigar, whichever is lower. The Tobacco Returns on the Web site are in Excel, and the cigar form will figure the tax for you. I encourage you to keep accurate records of your shipments into Iowa and to file your monthly reports on time. There is a penalty starting at \$200.00 for any late-filed reports.

### **PACT Act - Prevent All Cigarette Trafficking Act**

The Department has deemed it necessary for **ALL** cigarette/tobacco manufacturers and distributors who sell, transfer, or ship for profit cigarettes, or Other Tobacco Products (OTP) into Iowa to report PACT Act information. The Department has developed an electronic process for reporting PACT Act



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information, which is due no later than the 10th of each month. Please go to the following page for details <http://www.iowa.gov/tax/forms/cigtob.html> [PACT Registration Letter](#) [PACT Registration Form](#) [PACT Excel Template](#) and [Upload Instructions](#)

### **Letter of Intent from Manufacturers**

The Department will need a letter of intent from at least three of the major cigarette manufacturers stating that they will indeed ship you cigarettes for stamping. If you are planning on buying product from different manufacturer(s), then we will need a letter of intent from those manufacturer(s).

### **Minimum Price**

Iowa sets a minimum price that allows a 4 percent mark-up for the distributor and an 8 percent mark-up for the retailer. You may not sell below the minimum prices set by the State. It is your responsibility to inform your retailers of their minimum price to legally sell cigarettes. When the prices change, you may obtain a new list from the Web site. *If you are signed up for the eList service you will receive an e-mail every time the Iowa minimum price changes.*

### **Brand Specific Reports**

The Department requires Brand Specific Reports to be filed by every cigarette and tobacco distributor each quarter. You must list a quarterly total for each brand sold in Iowa (with Iowa tax paid). This is for all Cigarettes, Little Cigars and Roll Your Own products. You may use a computer print-out for this report and attach it to the cover sheet.

Please print a copy of:

**PACT Act** - [PACT Registration Letter](#) [PACT Registration Form](#) [PACT Excel Template](#) and [Upload Instructions](#)

**70-017** Cigarette Tax Report for In-State Distributors **or**  
**70-018** Cigarette Tax Report for Out-of-State Distributors

**70-022** Tobacco Products Monthly Tax Return for In-State Distributors (Excel) **or**  
**70-026** Tobacco Products Monthly Tax Return for Out-of-State Distributors (Excel)

**70-044** Cigarette Tax Stamp Order Form

**71-023** Minimum Legal Prices on Cigarettes (MS Excel Format)

**70-020** Brand Specific Report for Cigarette, Little Cigar and Roll-Your-Own Product with Iowa Tax Paid for ALL Manufacturers

If I can be of any further assistance, please send me an e-mail or give me a call.

Dawn Johnson, Examiner  
Examination Section, Compliance Division  
(515) 281-8023 Fax: (515) 281-3756  
[Dawn.Johnson@iowa.gov](mailto:Dawn.Johnson@iowa.gov)

Permit No.	Fee	Issue Date	Validation Number

**Annual Application for Iowa Cigarette Permit/Tobacco Tax License**  
**July 1, 20** \_\_\_\_\_ **to June 30, 20** \_\_\_\_\_

<b>N A M E  A N D  A D D R E S S</b>	1. <b>Legal Business Name</b> – Enter individual’s name, partnership or corporation		<b>Federal ID No.</b>		Owner/Business Telephone & Ext (    )		
	2. <b>Business/Trade Name</b> – If different than above		<b>Social Security No.</b>		Fax (    )		
	3. <b>Permit Contact Name</b>		Permit Contact Telephone & Ext (    )		3a. <b>Report/Return Contact Name</b>		Report Contact Telephone & Ext (    )
	E-Mail Address for Permit Contact			E-Mail Address for Report/Return Contact			
	4. <b>Mailing Address of Business</b> - Street or P.O. Box «Addr2_Mail»		City		State	Zip	County No.
	5. <b>Location Address of Business</b> - Street (if different than above) «Addr2_Loc»		City		State	Zip	County No.
	6. <b>Iowa Warehouse Location</b> - Street (if different than above)		City		State	Zip	County No.
7. <b>Type of Ownership</b> - <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP «Own_Type»							
8. <b>List other Department of Revenue permit numbers currently in effect for this business.</b> Sales/Use _____ Motor Fuel _____ Withholding _____ Other _____							
9. <b>Identify partners or corporate officers</b>							
Name		Soc. Sec. No.		Address		Title	

<b>L I C E N S E  T Y P E</b>	10. Application is made for: Check the appropriate type of license for which you are applying – See reverse side for additional requirements.						
	<input type="checkbox"/> <b>601/621</b> Cigarette Distributor (only) Fee: \$100.00 Required Bond: \$2500.00		<input type="checkbox"/> <b>601/621 &amp; 606/626</b> (2 permits) Cigarette Distributor & Tobacco Distributor Fee: \$100.00 Required Bond: \$3500.00				
	<input type="checkbox"/> <b>606/626</b> Tobacco Distributor (only) Fee: \$100.00 Required Bond: \$1000.00						
	<input type="checkbox"/> <b>602</b> Cigarette Manufacturer Fee: (No Fee) Required Bond: \$5000.00						
	<input type="checkbox"/> <b>603</b> Cigarette Vendor (only) Fee: \$100.00 Required Bond: \$1000.00						
	<input type="checkbox"/> <b>604</b> Cigarette Wholesaler (only) Fee: \$100.00 Required Bond: \$2500.00		<input type="checkbox"/> <b>604 &amp; 605</b> (2 permits) Cigarette Wholesaler & Tobacco Subjobber Fee: \$100.00 Required Bond: \$2500.00				
	<input type="checkbox"/> <b>605</b> Tobacco Subjobber (only) Fee: \$10.00 Required Bond: -0-						
	<input type="checkbox"/> <b>607</b> Distributing Agent Fee: \$100.00 Required Bond: \$2500.00		_____ Number of Duplicates Needed at \$5 each List the permit/license type & location for duplicate(s) needed Type: _____ Location: _____				
	<input type="checkbox"/> <b>608</b> Railway Car Retailer Fee: \$25.00 Required Bond: \$500.00						

11. <b>Bond Type:</b> <input type="checkbox"/> Surety <input type="checkbox"/> CD <input type="checkbox"/> Cash		Surety Co: «Bond_Type»		Bond No:		Bond Amount:
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12. Cigarette permits and tobacco products licenses are regulated by Chapters 453A and 421B of the Iowa Code. You must also comply with Chapters 453C and 453D of the Iowa Code. **ONLY APPROVED BRANDS OF CIGARETTES OR ROLL YOUR OWN PRODUCTS MAY BE SOLD IN IOWA – any brand not on the list is contraband. The list of approved brands is always current at <http://www.iowa.gov/tax/business/CigTabIndex.html>** Any contraband or non-Iowa tax stamped package is subject to seizure and penalties under the provisions of the Iowa Code 453A & 453D. On the website sign up to Join the Cigarette/Tobacco E-list and you will receive an email when the approved list changes. All questions must be answered and bond information must be provided, when this application is remitted with proper fees. Please make check payable to the: **Treasurer, State of Iowa** If application is approved and permit granted, I/we do hereby bind ourselves to a faithful observance of the laws governing the sale of cigarettes and tobacco products.

13. <b>Signature</b>		Title		Date	
14. <b>E-Mail Address</b>					

**SECTION A: GENERAL INSTRUCTIONS**

Send this application, with Iowa form 70-031- proof of bond and proper remittance to:

Mailing Address:  
Iowa Department of Revenue  
Examination Section  
P.O. Box 10456  
Des Moines IA 50306-0456

OR

FED-EX Address:  
Iowa Department of Revenue  
Hoover Bldg., Cigarette Tax  
1305 E Walnut  
Des Moines IA 50319

**SECTION B: NEW 601/621 & 606/626 Cigarette & Tobacco Distributor ADDITIONAL REQUIREMENTS**

New cigarette AND tobacco distributors must enclose letters from each manufacturer that intends to sell applicant unstamped cigarettes and untaxed roll your own product. You must list all brands purchased from each manufacturer. Attach Bond.

**SECTION C: ADDITIONAL REQUIREMENTS - ONLY APPROVED BRANDS OF CIGARETTES OR ROLL YOUR OWN PRODUCTS**

**MAY BE SOLD IN IOWA – any brand not on the list is contraband. The list of approved brands is always current at**

**<http://www.iowa.govtax/business/CigTobIndex.html>** Any violation of contraband or non-Iowa tax stamped package is subject to seizure and penalties under the provisions of the Iowa Code 453A & 453D. **ALL** permit applicants must answer the following questions:

1. From whom will you purchase your cigarettes & other tobacco product? (List All – Use separate sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. To approximately how many retailers will you sell? \_\_\_\_\_

3. How many of these retailers are directly affiliated with your organization? \_\_\_\_\_

4. List names and addresses of your three biggest retailers.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

5. Do you maintain a warehouse for wholesale sales of cigarettes? Yes  No

6. Will your wholesale cigarette number be printed on delivery vehicles? Yes  No

**SECTION D: 603 CIGARETTE VENDOR PERMIT ADDITIONAL REQUIREMENTS**

Cigarette Vendor applicants must answer the following questions:

1. Number of cigarette vending machines in use? \_\_\_\_\_

2. From whom do you purchase your cigarettes or OTP? \_\_\_\_\_

3. Do you have your name and address on all of your vending machines? Yes  No

4. Is the company name and permit number on all vehicles used for transporting cigarettes? Yes  No

5. Is the location of each machine covered by a local retail permit? Yes  No

6. List business name and location of each cigarette vending machine (provide separate list if necessary)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_
- 11. \_\_\_\_\_
- 12. \_\_\_\_\_
- 13. \_\_\_\_\_
- 14. \_\_\_\_\_