



License Administration



< CITY OF TIFFIN

Retail Tobacco License Review

CITY OF TIFFIN
1707377801



Application Information

Legal Ownership Information

Name of sole proprietor, partnership, corporation, LLC, or LLP : MAVERIK GROUP, LLC

Type of ownership : Limited Liability Company

Primary office address : 185 S STATE ST STE 800 SALT LAKE CITY UT 84111-1549

Legal Ownership Phone : 801-683-3628

Legal Ownership Email : licensing@maverik.com

Application Information

City/County Permit Number : 06172025-KG

Sales and Use Permit Number : 152022420

Location Name : MAVERIK 5206

Location Phone Number : 319-545-2290

Location Address : 101 VILLAGE DR TIFFIN IA 52340-9228

Location Mailing Address : 185 S STATE ST STE 800 SALT LAKE CITY UT 84111-1549

Renewal : Yes

Start Date : 01-Jul-2026

End Date : 30-Jun-2027

License Fee : 75.00

Types of Sales : Over the Counter

Type of Establishment : Convenience store/gas station

Types of Products Sold : Cigarettes, Tobacco, Vapor Products, Alternative Nicotine Products

Do you intend to make retail sales to ultimate consumers? : Yes

Do you have other permits issued under Iowa Code chapter 453A at this retail location? If yes, provide permit number(s) in the next step: : No

Ownership Details

Owner	Position	Single Line Address
MAGGELET, CRYSTAL	Officer	185 S STATE ST STE 800 SALT L
SCHOFIELD, MOSES	Officer	185 S STATE ST STE 800 SALT L
MAVERIK PALACE ACQUISITIO	Company	185 S STATE ST STE 800 SALT L
HILLAM, JOHN	Officer	185 S STATE ST STE 800 SALT L

Suppliers List

A list of suppliers for cigarettes, tobacco, alternative nicotine, and vapor products must be included with all retail tobacco permit applications. Applicants may submit this information in text form or as a PDF upload. Local authorities may review this information during the application review process.

MCLANE

Decision

Select the decision of whether you approve or deny this permit application.

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Approve	Deny
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Application Information

Legal Ownership Information

Name of sole proprietor, partnership, corporation, LLC, or LLP : SCHEETZ HOLDINGS INC

Type of ownership : Corporation

Primary office address : 221 W MARENGO RD TIFFIN IA 52340-9402

Legal Ownership Phone : 319-545-9514

Legal Ownership Email : info@thedepotexpress.com

Application Information

Sales and Use Permit Number : 304402026

Location Name : THE DEPOT TIFFIN

Location Phone Number : 319-545-9515

Location Address : 221 W MARENGO RD TIFFIN IA 52340-9402

Location Mailing Address : 221 W MARENGO RD TIFFIN IA 52340-9402

Renewal : Yes

Start Date : 01-Jul-2026

End Date : 30-Jun-2027

License Fee : 75.00

Types of Sales : Over the Counter

Type of Establishment : Convenience store/gas station

Types of Products Sold : Cigarettes, Tobacco, Vapor Products, Alternative Nicotine Products

Do you intend to make retail sales to ultimate consumers? : Yes

Do you have other permits issued under Iowa Code chapter 453A at this retail location? If yes, provide permit number(s) in the next step: : No

Ownership Details

Owner	Position	Single Line Address
SCHEETZ, MATTHEW	Officer	
SCHEETZ, THOMAS	Officer	
SCHEETZ, LYNETTE	Officer	
SCHEETZ, DAVID	CFO	221 W MARENGO RD TIFFIN IA

Suppliers List

A list of suppliers for cigarettes, tobacco, alternative nicotine, and vapor products must be included with all retail tobacco permit applications. Applicants may submit this information in text form or as a PDF upload. Local authorities may review this information during the application review process.

Core-Mark

Decision

Select the decision of whether you approve or deny this permit application.

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Approve	Deny
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Application Information

Legal Ownership Information

Name of sole proprietor, partnership, corporation, LLC, or LLP : PARKSIDE LIQUOR LLC

Type of ownership : Limited Liability Company

Primary office address : 1111 PARKSIDE ST STE 101 TIFFIN IA 52340-7609

Legal Ownership Phone : 319-331-3181

Legal Ownership Email : nick@thedersgroup.net

Application Information

Sales and Use Permit Number : 304802225

Location Name : PARKSIDE LIQUOR-TIFFIN

Location Phone Number : 319-331-3181

Location Address : 1111 PARKSIDE ST STE 101 TIFFIN IA 52340-7609

Location Mailing Address : 1100 ANDERSEN PL STE 550 TIFFIN IA 52340-1107

Renewal : Yes

Start Date : 01-Jul-2026

End Date : 30-Jun-2027

License Fee : 75.00

Types of Sales : Over the Counter

Type of Establishment : Liquor store

Types of Products Sold : Cigarettes, Tobacco, Vapor Products, Alternative Nicotine Products

Do you intend to make retail sales to ultimate consumers? : Yes

Do you have other permits issued under Iowa Code chapter 453A at this retail location? If yes, provide permit number(s) in the next step: : No

Ownership Details

Owner	Position	Single Line Address
ANDERSEN, SCOTT	Officer	1100 ANDERSEN PL STE 550 T
AYALA, JOSE	Owner	181 ROGER'S DRIVE WILLIAMS
MHC 1 LLC	Company	1100 ANDERSEN PLACE TIFFIN
PACHECO, ANTONIO	Owner	1420 GREYSON LANE NORTH
PACHECO MONTES, DEISY	Owner	2018 WATERFRONT DRIVETW/

Suppliers List

A list of suppliers for cigarettes, tobacco, alternative nicotine, and vapor products must be included with all retail tobacco permit applications. Applicants may submit this information in text form or as a PDF upload. Local authorities may review this information during the application review process.

Core-Mark

Decision

Select the decision of whether you approve or deny this permit application.

Iowa Department of Revenue will be issuing a permit number if this application is approved. However, the local authority has the option to also issue a permit number. If the local authority decides to issue a local permit number, it can be entered in the "Local Permit Number" field. Otherwise, only the state-issued permit number will appear on the permit.

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Approve	Deny
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Application Information

Legal Ownership Information

Name of sole proprietor, partnership, corporation, LLC, or LLP : FAREWAY STORES INC

Type of ownership : Corporation

Primary office address : 8800 NW 62ND AVE JOHNSTON IA 50131-2849

Legal Ownership Phone : 515-432-2623

Legal Ownership Email : storelicenses@farewaystores.com

Application Information

Sales and Use Permit Number : 152026304

Location Name : FAREWAY STORES, INC #193

Location Phone Number : 319-645-2126

Location Address : 500 CROELL AVE TIFFIN IA 52340-4757

Location Mailing Address : 8800 NW 62ND AVE JOHNSTON IA 50131-2849

Renewal : Yes

Start Date : 01-Jul-2026

End Date : 30-Jun-2027

License Fee : 75.00

Types of Sales : Over the Counter

Type of Establishment : Grocery store

Types of Products Sold : Cigarettes, Tobacco, Vapor Products, Alternative Nicotine Products

Do you intend to make retail sales to ultimate consumers? : Yes

Do you have other permits issued under Iowa Code chapter 453A at this retail location? If yes, provide permit number(s) in the next step: : No

Ownership Details

Owner	Position	Single Line Address
MORAN, JAKE	Officer	PO BOX 70 715 8TH STREET BO
PIKLAPP, GARRETT S	Owner	105 IRON DRIVE HUXLEY IA 50
DIGHTON, JEFF	Owner	1204 NIGHTINGALE PLACE BO
FREDERICK J VITT, TRUSTEE, FI	Owner	P.O. BOX 246 BOONE IA 50036
EACH HOLDING LESS THAN FI	Owner	715 8TH STREET PO BOX 70 BO
SCOTT H BECKWITH, TRUSTEE	Owner	715 8TH STREET BOONE IA 50

Suppliers List

A list of suppliers for cigarettes, tobacco, alternative nicotine, and vapor products must be included with all retail tobacco permit applications. Applicants may submit this information in text form or as a PDF upload. Local authorities may review this information during the application review process.

Midwest Quality Wholesale

Decision

Select the decision of whether you approve or deny this permit application.

Iowa Department of Revenue will be issuing a permit number if this application is approved. However, the local authority has the option to also issue a permit number. If the local authority decides to issue a local permit number, it can be entered in the "Local Permit Number" field. Otherwise, only the state-issued permit number will appear on the permit.

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Approve	Deny
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Application Information

Legal Ownership Information

Name of sole proprietor, partnership, corporation, LLC, or LLP	: SHANTI LLC
Type of ownership	: Limited Liability Company
Primary office address	: 412 1ST AVE CORALVILLE IA 52241-2406
Legal Ownership Phone	: 516-710-2324
Legal Ownership Email	: spirits.hometown@gmail.com

Application Information

Sales and Use Permit Number	: 306408716
Location Name	: HOMETOWN SPIRITS
Location Phone Number	: 319-545-2131
Location Address	: 119 W MARENGO RD TIFFIN IA 52340-9212
Location Mailing Address	: 1905 BROWN DEER RD CORALVILLE IA 52241-1162
Renewal	: Yes
Start Date	: 01-Jul-2026

End Date : 30-Jun-2027

License Fee : 75.00

Types of Sales : Over the Counter

Type of Establishment : Liquor store

Types of Products Sold : Cigarettes, Tobacco, Vapor Products, Alternative Nicotine Products

Do you intend to make retail sales to ultimate consumers? : Yes

Do you have other permits issued under Iowa Code chapter 453A at this retail location? If yes, provide permit number(s) in the next step: : No

Ownership Details

Owner	Position	Single Line Address
SAINI, NASEEB	Owner	412 1ST AVENUE CORALVILLE

Suppliers List

A list of suppliers for cigarettes, tobacco, alternative nicotine, and vapor products must be included with all retail tobacco permit applications. Applicants may submit this information in text form or as a PDF upload. Local authorities may review this information during the application review process.

File Name	View File
List of Cigarette, Tobacco & Vape Suppliers.pdf	View File

Decision

Select the decision of whether you approve or deny this permit application.

Iowa Department of Revenue will be issuing a permit number if this application is approved. However, the local authority has the option to also issue a permit number. If the local authority decides to issue a local permit number, it can be entered in the "Local Permit Number" field. Otherwise, only the state-issued permit number will appear on the permit.

Select a Decision *

Approve	Deny
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Application Information

Legal Ownership Information

Name of sole proprietor, partnership, corporation, LLC, or LLP : CASEYS MARKETING COMPANY

Type of ownership : Corporation

Primary office address : 1 SE CONVENIENCE BLVD ANKENY IA 50021-9672

Legal Ownership Phone : 515-381-4090

Legal Ownership Email : licensingteam@caseys.com

Application Information

Sales and Use Permit Number : 152021264

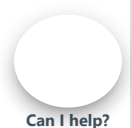
Location Name : CASEY'S #2667

Location Phone Number : 319-220-8762

Location Address : 403 STEPHANS ST TIFFIN IA 52340-9222

Location Mailing Address : 1 SE CONVENIENCE BLVD ANKENY IA 50021-9672

Renewal : Yes



Start Date : 01-Jul-2026

End Date : 30-Jun-2027

License Fee : 75.00

Types of Sales : Over the Counter

Type of Establishment : Convenience store/gas station

Types of Products Sold : Cigarettes, Tobacco, Vapor Products, Alternative Nicotine Products

Do you intend to make retail sales to ultimate consumers? : Yes

Do you have other permits issued under Iowa Code chapter 453A at this retail location? If yes, provide permit number(s) in the next step: : No

Ownership Details

Owner	Position	Single Line Address
FABER, SCOTT	Officer	6749 CARDIFF CT JOHNSTON
LARSEN, ERIC	Owner	4407 NW 5TH ST ANKENY IA 5
BEECH, DOUGLAS	Owner	729 NE BROOK HAVEN DR AN
CASEY'S GENERAL STORES, IN	Company	1 SE CONVENIENCE BLVD ANK
JOHNSON, BRIAN	Officer	9129 NW 73RD CIR JOHNSTOI
JAMES, SAMUEL	Owner	3204 NE AVERY DR ANKENY IA

Suppliers List

A list of suppliers for cigarettes, tobacco, alternative nicotine, and vapor products must be included with all retail tobacco permit applications. Applicants may submit this information

Can I help?

in text form or as a PDF upload. Local authorities may review this information during the application review process.

File Name	View File
2026 TOBACCO SUPPLIERS.pdf	View File

Decision

Select the decision of whether you approve or deny this permit application.

Iowa Department of Revenue will be issuing a permit number if this application is approved. However, the local authority has the option to also issue a permit number. If the local authority decides to issue a local permit number, it can be entered in the "Local Permit Number" field. Otherwise, only the state-issued permit number will appear on the permit.

Select a Decision *

Approve	Deny
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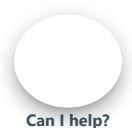
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Application Information

Legal Ownership Information

Name of sole proprietor, partnership, corporation, LLC, or LLP : KWIK TRIP INC

Type of ownership : Corporation

Primary office address : PO BOX 2107 1626 OAK ST LA CROSSE WI 54602-2107

Legal Ownership Phone : 608-791-7385

Legal Ownership Fax : 608-793-6120

Legal Ownership Email : licensingdept@kwiktrip.com

Application Information

Sales and Use Permit Number : 307602320

Location Name : KWIK STAR 1918

Location Phone Number : 319-645-7001

Location Address : 401 W. VILLAGE DR TIFFIN IA 52340

Location Mailing Address : PO BOX 2107 LA CROSSE WI 54602-2107

Renewal : Yes

Start Date : 01-Jul-2026

End Date : 30-Jun-2027

License Fee : 75.00

Types of Sales : Over the Counter

Type of Establishment : Convenience store/gas station

Types of Products Sold : Cigarettes, Tobacco, Vapor Products, Alternative Nicotine Products

Do you intend to make retail sales to ultimate consumers? : Yes

Do you have other permits issued under Iowa Code chapter 453A at this retail location? If yes, provide permit number(s) in the next step: : No

Ownership Details

Owner	Position	Single Line Address
ZIETLOW, SCOTT	Owner	1301 7TH ST SW ROCHESTER I
REINHART, THOMAS	Officer	504 COUNTRY CLUB LN ONAL
WAGNER, DAVID	Officer	W4460 OBER RD STODDARD \

Suppliers List

A list of suppliers for cigarettes, tobacco, alternative nicotine, and vapor products must be included with all retail tobacco permit applications. Applicants may submit this information in text form or as a PDF upload. Local authorities may review this information during the application review process.

Kwik Trip, Inc. Distribution Center - License Number 862100090 & 862600091

Decision

Select the decision of whether you approve or deny this permit application.

Iowa Department of Revenue will be issuing a permit number if this application is approved. However, the local authority has the option to also issue a permit number. If the local authority decides to issue a local permit number, it can be entered in the "Local Permit Number" field. Otherwise, only the state-issued permit number will appear on the permit.

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Approve	Deny
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Application Information

Legal Ownership Information

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

Type of ownership : Limited Liability Company

Primary office address : 1905 BROWN DEER RD CORALVILLE IA 52241-1162

Legal Ownership Phone : 516-710-2324

Legal Ownership Email : tiffinirontap@gmail.com

Application Information

Sales and Use Permit Number : 300608331

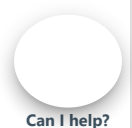
Location Name : TIFFIN IRON TAP

Location Phone Number : 516-710-2324

Location Address : 607 E MARENGO RD TIFFIN IA 52340-9204

Location Mailing Address : 1905 BROWN DEER RD CORALVILLE IA 52241-1162

Renewal : No



Start Date : 01-Jul-2026

End Date : 30-Jun-2027

License Fee : 75.00

Types of Sales : Over the Counter

Type of Establishment : Alternative nicotine/vapor store, Bar, Restaurant

Types of Products Sold : Cigarettes, Tobacco, Vapor Products, Alternative Nicotine Products

Do you intend to make retail sales to ultimate consumers? : Yes

Do you have other permits issued under Iowa Code chapter 453A at this retail location? If yes, provide permit number(s) in the next step: : No

Ownership Details

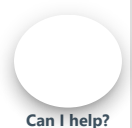
Owner	Position	Single Line Address
RANI, ANKITA	MANAGING MEMBER	1905 BROWN DEER RD CORAL
SAINI, VINAY	MEMEBER	1905 BROWN DEER RD CORAL

Suppliers List

A list of suppliers for cigarettes, tobacco, alternative nicotine, and vapor products must be included with all retail tobacco permit applications. Applicants may submit this information in text form or as a PDF upload. Local authorities may review this information during the application review process.

Town & Country Wholesale
 Core Mark
 Maverick Distribution

Decision



Select the decision of whether you approve or deny this permit application.

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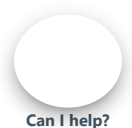
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