

TOBACCO ENFORCEMENT PROGRAM



Compliance Check Form

FY 2008

Retailer: _____ Address: _____

City: _____ State: _____ ZIP: _____

RESULTS (check one):

Compliant

Date Checked: _____

Non-Compliant

Time Checked: _____

Unable to Complete
(Not Applicable)

Clerk Information: Male Female

First Name: _____ Middle Initial: _____

Last Name: _____ Case #: _____

I have issued a criminal citation to the clerk listed above for selling tobacco to a person under age eighteen. Iowa Code § 453A.2(1).
(NOTE: If the compliance check result is Non-Compliant, a citation must be issued before your department may be reimbursed)

If Unable to Complete the Compliance Check (check one)

- Establishment has a **VALID PERMIT** but Does Not Sell Tobacco
- Permit Status Verified by City Clerk or County Auditor
- Establishment **No Longer Holds** a Valid Tobacco Permit
- Establishment is **Out of Business**
- Establishment is Designated as an **"Unsatisfactory Condition"**
- "Unsatisfactory Condition" Verified w/ Investigator
- Officer Conducted a Walk Through on the Premises
(Explain in Comments Section Below)

OFFICER INFORMATION:

First Name: _____ Middle Initial: _____ Last Name: _____

Badge: _____ Department: _____

CONFIDENTIAL INFORMANT (CI):

CI Age: 15 16 17 CI Gender: Male Female CI Number: (Last 4 digits of CI's DL)

CI Gender: White Asian African American Native American Hispanic Other

RESULTS OF ATTEMPTED PURCHASE:

Attempted Purchase Item: Cigarettes Smokeless Tobacco Other Tobacco Product

Age Requested? YES NO

ID Requested? YES NO

COMMENTS:

Officer Signature **\$50**
Amount Due