

THE OFFICE OF THE

MUSCATINE COUNTY ATTORNEY

Alan R. Ostergren

420 EAST THIRD STREET
MUSCATINE, IA 52761
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ASSISTANTS
AMY HERING
OUBONH P. WHITE
DAN WILLIAMSON
JOAN BLACK

1st violation

NOTICE OF HEARING

Sonia Aasdd
Super Saver Liquor of Muscatine LLC
4558 Bunker Hill Drive
Betendorf, IA 52722

Case No. STA0088050

RE: Super Saver Liquor of Muscatine LLC d/b/a Super Saver Liquor
1510A Isett Avenue
Muscatine, IA 52761

The City of Muscatine has scheduled a hearing before the city council at 7:00 p.m. on Thursday, May 16, 2019, in the City Hall Council Chambers, 215 Sycamore St., Muscatine, Iowa. The Hearing Complaint, which has been filed against you, is enclosed.

If you or your representative fails to appear at this hearing, a decision may be rendered against you. You have the opportunity to be heard at this hearing and to be represented by an attorney at your own expense regarding the mandatory \$300.00 civil penalty prescribed by Iowa Code Section 453A.22(2)(a) for the violation of Iowa Code Section 453A.2(1), selling, giving, or otherwise supplying any tobacco, tobacco products, or cigarettes to any person under eighteen years of age.

If you wish to settle this case in lieu of the public hearing, you must sign and date the enclosed Acknowledgment / Settlement Agreement and return it along with a check in the amount of \$300.00 made out to the City of Muscatine, prior to the hearing date. These should be mailed to:

Assistant County Attorney Amy Hering
Muscatine County Attorney's Office
420 E. Third St.
Muscatine, IA 52761

Accepting and abiding by the terms of this Acknowledgment will satisfy the penalty for a first violation pursuant to Iowa Code section 453A.22(2), and will conclude the matter.

If you have questions, you may reach me by phone at (563) 263-0382. If you have retained counsel in this matter, she or he should contact me directly.

Sincerely,

A handwritten signature in blue ink, appearing to read "Amy Hering", written over a horizontal line.

Amy Hering
Assistant Muscatine County Attorney
amy.hering@co.muscatine.ia.us

BEFORE THE MUSCATINE CITY COUNCIL

In RE: Super Saver Liquor of Muscatine LLC 4558 Bunker Hill Drive Bettendorf, IA 52722, Permit Holder Super Saver Liquor of Muscatine LLC d/b/a Super Saver Liquor 1510A Isett Ave Muscatine, IA 52761, Retailer	No. STA0088050 ACKNOWLEDGMENT/SETTLEMENT AGREEMENT
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1. The undersigned hereby knowingly and voluntarily acknowledge the following:
 - a. Retailer and Permit Holder have received the Complaint in the above case.
 - b. The facts and allegations contained in the Complaint, attached hereto and incorporated herein by reference, are true and correct.
 - c. Permit Holder has the right to a hearing and voluntarily waives same and submits to the statutory penalties prescribed by Iowa law.
 - d. Anita Hernandez Zapata, an employee of Super Saver Liquor of Muscatine LLC, d/b/a Super Saver Liquor, sold tobacco to a minor on February 13, 2019, in violation of Iowa Code section 453A.2.
 - e. The violation noted in paragraph "d" herein, will count as an official first violation of Iowa Code section 453A.2 pursuant to Iowa Code section 453A.22.
2. Enclosed with this Acknowledgment/Settlement Agreement is a check in the amount of \$300.00 made payable to City of Muscatine to settle the above-referenced Complaint.
3. Permit Holder acknowledges that in order to conclude this matter the mayor must approve this settlement agreement.

Permit Holder

printed name of signator

Date

NOTE: This must be signed by an individual cigarette permittee, or in the case of another business entity, by the individual(s) who has (have) authority to bind the entity. If you decide to sign and date this Acknowledgment/Settlement Agreement and waive your appearance at a hearing, this document, properly signed and dated as well as a check in the amount \$300.00 made payable to City of Muscatine should be returned to: Assistant County Attorney Amy Hering
Muscatine County Attorney's Office
420 E. Third St., Muscatine, IA 52761

ENTERED 2-15-19
dnp

07/10

COMPLAINT
IOWA UNIFORM CITATION AND COMPLAINT

MUSCATINE POLICE DEPT.

19-005893

☐ State of Iowa
☐ County of: MUSCATINE No.: 70
☒ City of: MUSCATINE

C 0021993

In the Court at COURTHOUSE, 401 E. THIRD, MUSCATINE, IA 52761

VS:
Name Zapata Anita Hernandez
Defendant, Last First Middle

Address 514 E 10th St.

City Muscatine State IA Zip 52761
DL# 679mm0146 State IA

DL Class C DL End. — DL Rest. — DL/State ID Viewed? Yes ☒ No ☐

DOB 1/22/76 Race W Ethn. H Sex F Ht 5-1 Wt 170
W/B/I/A/U H/N/U

The undersigned states that on or about 2/13/19 at 1638 AM
defendant did unlawfully: Mo. Day Yr. ☒ PM

Operate Motor Vehicle/Boat (describe)

CDL Req? Yes ☐ No ☐ Pass. End. Req? Yes ☐ No ☐ HazMat End. Req? Yes ☐ No ☐

Reg# — State — Year — US DOT # —

Upon a public highway at 1510-A Isth Ave (Super Super 5000)

Located in the county and state aforesaid and did then and there commit the following offense:

☐ Traffic ☐ Navigation ☐ Snowmobile/ATV ☐ Fish-Game ☐ Parks ☐ Tobacco

☐ Sched. Violation/Fine \$ 100 —

Criminal Surcharge \$ 35 —

Co. Enf. Surcharge \$ —

Court Costs \$ 60 —

Total Fine/Costs \$ 195 —

☐ Road Work Zone

☐ Non-scheduled Violation

☐ Court Appearance Required (805.10)

Reason:

☐ Serious P.I.

☐ Fatal Accident

☐ Civil Damage Assessment ☐ Other

Violation Employee providing Tobacco to minor

Speed — in Zone Sec. 453A.2(1) 20 IA Code

DATA CODE — Fed/Adm. Code — Local Ord. —

Dated 2/13/19 Cl. #219

Court Date: If you must appear in court or if you choose to appear to answer to a charge which does not require an appearance, report to the above named court on

3/7/19 at 0815 X AM ☐ PM

NOTICE: Providing false identification information is a violation of Section 719.1A of the Code of Iowa and is punishable as a simple misdemeanor.

You hereby are given notice that within a reasonable time but no later than the date scheduled for your initial appearance a citation/complaint sworn under oath will be filed with the district court clerk of the county in which the citation was issued.

My signature below is not a plea of guilty, but acknowledges all of the following:

1. I hereby swear and affirm that the information provided by me on this citation is true under penalty of providing false information.
2. I promise to appear in said court at said time and place, or I will comply with the provision on the top of the reverse side of the citation.

The following applies to simple misdemeanors only:

3. I hereby give my unsecured appearance bond in the amount of 262.50 dollars and enter my written appearance. I agree that if I fail to appear in person or by counsel to defend against the offense charged in this citation, the court is authorized to enter a conviction and render judgment against me for the amount of my appearance bond in satisfaction of the penalty and surcharge plus court costs.

★ Anita H. Zapata
Signature of Defendant

Charges, Dispositions, Sentences

Title: STATE vs. ZAPATA, ANITA HERNANDEZ

Case: 07701 STA0088050 (MUSCATINE)

Citation Number: C0021993

Defendant: ZAPATA, ANITA HERNANDEZCount 01Charge**Charge:** 453A.2(1)**Description:** EMPLOYEE PROVIDING TOBACCO/VAPOR PRODUCT TO MINOR - 1ST OFF**Offense
Date:** 02/13/2019**Arrest
Date:** **Against Type:****DPS
Number:**Adjudication**Charge:** 453A.2(1)**Description:** EMPLOYEE PROVIDING TOBACCO/VAPOR PRODUCT TO MINOR - 1ST OFF**Adj.:** GUILTY - NEGOTIATED/VOLUN PLEA **Adj.Date:** 03/05/2019**Adj.Judge:** ,**Comments:**Sentence**Charge:** 453A.2(1)**Description:** EMPLOYEE PROVIDING TOBACCO/VAPOR PRODUCT TO MINOR - 1ST OFF**Sentence
Date:** 03/05/2019**Sentence:** FINE**Appeal:****Sen.Judge:** ,**Facility
Type:****Attorney:****Restitution:****Drug:** **Extradition:****Lic.Revoked:****DDS:** **Batterer:****Fine
Amount:****Duration:****Comment:**

CN=John Q Public,O=JUDICIAL

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Iowa Department of Revenue
https://tax.iowa.gov

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

SEE INSTRUCTIONS ON THE REVERSE SIDE

For period (MM/DD/YYYY) 9/1/18 through June 30, 2019

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

Business Information:

Trade Name/DBA: SUPER SAVER / 1000'S of MUSCATINE

Physical Location Address: 1510 Aisset Ave City: Muscatine ZIP: 52761

Mailing Address: 1510 Aisset ave City: Muscatine State: IA ZIP: 52761

Business Phone Number: (563) 9496954

Legal Ownership Information:

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

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

Mailing Address: 4554 Bunker Hill drive City: Bettendorf State: IA ZIP: 52722

Phone Number: (563) 9496954 Fax Number: () _____ Email: Sonia.mator 741 64 y.h.co.c

Retail Information:

Types of Sales: Over-the-counter ☒ Vending machine ☐

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 ☐ _____

If application is approved and permit granted, I/we do hereby bind ourselves to a faithful observance of the laws governing the sale of cigarettes, tobacco, alternative nicotine, and vapor products.

SIGNATURE OF OWNER(S), PARTNER(S), OR CORPORATE OFFICIAL(S)

Name (please print): Sonia A. Mator

Name (please print): _____

Signature: [Signature]

Signature: _____

Date: 07-02-18

Date: _____

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

pd 7/2/18 - R#57022 FOR CITY CLERK/COUNTY AUDITOR ONLY - MUST BE COMPLETE

- Fill in the amount paid for the permit: 100.00
- Fill in the date the permit was approved by the council or board: 7/5/2018
- Fill in the permit number issued by the city/county: 19-39
- Fill in the name of the city or county issuing the permit: Muscatine

✓Renewal

Send completed/approved application to Iowa Alcoholic Beverages Division within 30 days of issuance. Make sure the information on the application is complete and accurate. A copy of the permit does not need to be sent; only the application is required. It is preferred that applications are sent via email, as this allows for a receipt confirmation to be sent to the local authority.

- Email: iapledge@iowaabd.com
- Fax: 515-281-7375

STATE OF IOWA
RETAIL
CIGARETTE/TOBACCO/NICOTINE/VAPOR PERMIT

City Number MUSC 19-39

*In accordance with laws of the state of Iowa, and the action of
the City Council of MUSCATINE Iowa
(City)*

Business Location Name: SUPER SAVER LIQUOR OF MUSCATINE

Business Location Address: 1510A ISETT AVENUE

MUSCATINE IA 52761

Ownership Type: OVER THE COUNTER

Legal Owner Name: SUPER SAVER LIQUOR OF MUSCATINE LLC

Legal Owner Mailing Address: 4558 BUNKER HILL DRIVE

BETTENDORF IA 52722

Type of Sales: LIQUOR STORE

*Is hereby authorized to sell cigarettes, tobacco, nicotine and vapor products
at the business location address above*

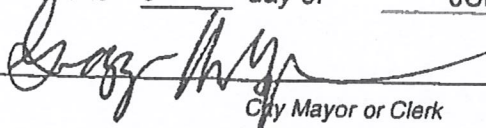
in the City of MUSCATINE County of MUSCATINE, Iowa.

This permit is nontransferable, is effective from JULY 1, 20 18 and
automatically expires on June 30, 20 19, unless suspended or revoked.

In Testimony Whereof, I have caused the seal of the said

City to be hereunto affixed. Done at MUSCATINE,

in the State of Iowa, this 6TH day of JULY, 20 18.

Issued By: 
City Mayor or Clerk

This copy to be posted by the retailer where the sale is to be made in plain view of the public.