

# License Application ( )

ITEM #10A  
08-12-14

## ***Applicant***

<b>Name of Applicant:</b>	<u>LJPS</u>	
<b>Name of Business (DBA):</b>	<u>Olde Main Brewing Company</u>	
<b>Address of Premises:</b>	<u>420 Beach Ave</u>	
<b>City:</b> <u>Ames</u>	<b>County:</b> <u>Story</u>	<b>Zip:</b> <u>50010</u>
<b>Business Phone:</b>	<u>(515) 232-0553</u>	
<b>Mailing Address:</b>	<u>PO Box 1928</u>	
<b>City:</b> <u>Ames</u>	<b>State:</b> <u>IA</u>	<b>Zip:</b> <u>50010</u>

## ***Contact Person***

<b>Name:</b>	<u>Matt Sinnwell</u>		
<b>Phone:</b>	<u>(505) 400-5981</u>	<b>Email Address:</b>	<u>mattombc@gmail.com</u>

**Classification:** Class C Liquor License (LC) (Commercial)

**Term:** 5 days

**Effective Date:** 08/26/2014

**Expiration Date:** 08/30/2014

**Privileges:**

Class C Liquor License (LC) (Commercial)

## ***Status of Business***

<b>BusinessType:</b>	<u>Privately Held Corporation</u>		
<b>Corporate ID Number:</b>	<u>286196</u>	<b>Federal Employer ID #</b>	<u>77-0613629</u>

## ***Ownership***

**Daniel Griffen**

First Name: Daniel

Last Name: Griffen

City: Potomac

State: Maryland

Zip: 24854

Position Owner

% of Ownership 25.00 %

U.S. Citizen

**Scott Griffen**

First Name: Scott

Last Name: Griffen

City: Ames

State: Iowa

Zip: 50010

Position Owner

% of Ownership 50.00 %

U.S. Citizen

**Susan Griffen**

First Name: Susan

Last Name: Griffen

City: Potomac

State: Maryland

Zip: 24854

Position Owner

% of Ownership 25.00 %

U.S. Citizen

***Insurance Company Information***

Insurance Company: Founders Insurance Company

Policy Effective Date:

Policy Expiration Date:

Bond Effective Continuously:

Dram Cancel Date:

Outdoor Service Effective Date:

Outdoor Service Expiration Date:

Temp Transfer Effective Date:

Temp Transfer Expiration Date: