

**Applicant License Application ( )**

<b>Name of Applicant:</b> <u>Ames Chamber of Commerce</u>		
<b>Name of Business (DBA):</b> <u>Main Street Cultural District</u>		
<b>Address of Premises:</b> <u>200 Blk of Main</u>		
<b>City</b> <u>Ames</u>	<b>County:</b> <u>Story</u>	<b>Zip:</b> <u>50010</u>
<b>Business</b> <u>(515) 233-3472</u>		
<b>Mailing</b> <u>304 Main</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>Cindy Hicks</u>	
<b>Phone:</b> <u>(515) 233-3472</u>	<b>Email</b> <u>director@amesdowntown.org</u>

**Classification** Special Class C Liquor License (BW) (Beer/Wine)

**Term:**5 days

**Effective Date:** 07/08/2015

**Expiration Date:** 01/01/1900

**Privileges:**

Outdoor Service

Special Class C Liquor License (BW) (Beer/Wine)

**Status of Business**

<b>BusinessType:</b> <u>Municipality</u>
<b>Corporate ID Number:</b> _____ <b>Federal Employer ID</b> <u>42-0623975</u>

**Ownership**

**Cynthia Hicks**

**First Name:** Cynthia

**Last Name:** Hicks

**City:** Ames

**State:** Iowa

**Zip:** 50010

**Position:** Executive Director

**% of Ownership:** 0.00%

**U.S. Citizen:** Yes

**Insurance Company Information**

<b>Insurance Company:</b> _____	
<b>Policy Effective Date:</b> _____	<b>Policy Expiration</b> _____
<b>Bond Effective</b> _____	<b>Dram Cancel Date:</b> _____
<b>Outdoor Service Effective</b> _____	<b>Outdoor Service Expiration</b> _____
<b>Temp Transfer Effective</b> _____	<b>Temp Transfer Expiration Date:</b> _____