

Applicant License Application ()

Name of Applicant: <u>Ames Chamber of Commerce</u>		
Name of Business (DBA): <u>Main Street Cultural District</u>		
Address of Premises: <u>304 Main Street</u>		
City <u>Ames</u>	County: <u>Story</u>	Zip: <u>50010</u>
Business <u>(515) 233-3472</u>		
Mailing <u>304 Main Street</u>		
City <u>Ames</u>	State <u>IA</u>	Zip: <u>50010</u>

Contact Person

Name <u>Cindy Hicks</u>	
Phone: <u>(515) 233-3472</u>	Email <u>director@amesdowntown.org</u>

Classification Special Class C Liquor License (BW) (Beer/Wine)**Term:** 5 days**Effective Date:** 08/27/2015**Expiration Date:** 01/01/1900**Privileges:**Outdoor ServiceSpecial Class C Liquor License (BW) (Beer/Wine)**Status of Business**

BusinessType: <u>Municipality</u>	
Corporate ID Number: _____	Federal Employer ID <u>420623975</u>

Ownership**Cindy Hicks****First Name:** Cindy**Last Name:** Hicks**City:** Ames**State:** Iowa**Zip:** 50010**Position:** Executive Director**% of Ownership:** 0.00%**U.S. Citizen:** Yes**Insurance Company Information**

Insurance Company: _____	
Policy Effective Date: _____	Policy Expiration _____
Bond Effective _____	Dram Cancel Date: _____
Outdoor Service Effective _____	Outdoor Service Expiration _____
Temp Transfer Effective _____	Temp Transfer Expiration Date: _____