| Applicant | License Application (|) | | |
|---|-----------------------|--------------------------|--|--|
| Name of Applicant: LJPS Inc. | | | | |
| Name of Business (DBA): Olde Main Brewing Company | | | | |
| Address of Premises: 420 Beach Ave | | | | |
| City Ames | County: Story | Zip: <u>50011</u> | | |
| Business | <u>(515) 232-0553</u> | | | |
| Mailing | <u>PO Box 1928</u> | | | |
| City Ames | State <u>IA</u> | Zip: <u>50010</u> | | |

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Contact Person

| Name Matt Sinnwell | | |
|-----------------------|-------|--------------------|
| Phone: (505) 400-5981 | Email | mattombc@gmail.com |

Classification Class C Liquor License (LC) (Commercial)

Term:<u>5 days</u>

Effective Date: <u>10/10/2015</u>

Expiration Date: 01/01/1900

Privileges:

Class C Liquor License (LC) (Commercial)

Status of Business

| BusinessType: Privately Held Corporation | | | | | | |
|--|--|--------------------------------|-----------------|----------------|------|--------------|
| Corporate ID Number: <u>286196</u> | | Federal Employer ID 77-0613629 | | | | |
| Ownership | | | | | | |
| Scott Griffen | | | | | | |
| First Name: | <u>Scott</u> | | Last Name: | <u>Griffen</u> | | |
| City: | <u>Ames</u> | | State: | <u>lowa</u> | Zip: | <u>50010</u> |
| Position: | <u>Owner</u> | | | | | |
| % of Ownership | % of Ownership: 50.00% U.S. Citizen: Yes | | | | | |
| Daniel Griffen | | | | | | |
| First Name: | <u>Daniel</u> | | Last Name: | <u>Griffen</u> | | |
| City: | Potomac | | State: | Maryland | Zip: | <u>24854</u> |
| Position: | <u>Owner</u> | | | | | |
| % of Ownership | : <u>25.00%</u> | | U.S. Citizen: \ | ſes | | |
| Susan Griffen | | | | | | |
| First Name: | <u>Susan</u> | | Last Name: | <u>Griffen</u> | | |
| City: | Potomac | | State: | Maryland | Zip: | <u>24854</u> |
| Position: | <u>Owner</u> | | | | | |
| % of Ownership: 25.00% U.S. Citizen: Yes | | | | | | |

| Insurance Company: Founders 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: | |