

Applicant License Application ()

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| Name of Applicant: <u>LJPS Inc.</u> | | |
| Name of Business (DBA): <u>Olde Main Brewing Company</u> | | |
| Address of Premises: <u>420 Beach Ave</u> | | |
| City <u>Ames</u> | County: <u>Story</u> | Zip: <u>50010</u> |
| Business <u>(505) 232-0553</u> | | |
| Mailing <u>PO Box 1928</u> | | |
| City <u>Ames</u> | State <u>IA</u> | Zip: <u>50010</u> |

Contact Person

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

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

Term: 5 days

Effective Date: 12/05/2016

Expiration Date: 01/01/1900

Privileges:

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

Status of Business

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

Ownership

Scott Griffen

First Name: Scott **Last Name:** Griffen
City: Ames **State:** Iowa **Zip:** 50010
Position: Owner
% of Ownership: 50.00% **U.S. Citizen:** Yes

Daniel Griffen

First Name: Daniel **Last Name:** Griffen
City: Potomac **State:** Maryland **Zip:** 24854
Position: Owner
% of Ownership: 25.00% **U.S. Citizen:** Yes

Susan Griffen

First Name: Susan **Last Name:** Griffen
City: Potomac **State:** Maryland **Zip:** 24854
Position: Owner
% of Ownership: 25.00% **U.S. Citizen:** Yes

Insurance Company Information

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|----------------------------------|---------------------------------------|
| Insurance Company: | <u>Founders Insurance Company</u> |
| Policy Effective Date: | Policy Expiration |
| Bond Effective | Dram Cancel Date: |
| Outdoor Service Effective | Outdoor Service Expiration |
| Temp Transfer Effective | Temp Transfer Expiration Date: |