Applicant	License Application (	)		
Name of Applic	cant: <u>Ye Olde LLC</u>			
Name of Business (DBA): <u>Dublinbay</u>				
Address of Premises: <u>320 S 16th</u>				
City <u>Ames</u>	County: lowa	<b>Zip:</b> <u>50010</u>		
Business	<u>(515) 956-3580</u>			
Mailing	<u>320 S 16th</u>			
City Ames	State <u>IA</u>	<b>Zip:</b> <u>50010</u>		

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#### **Contact Person**

Name Don O'Brien			
Phone: (515) 956-3580	Email	dublinbaypub@aol.com	

### Classification Class C Liquor License (LC) (Commercial)

Term:5 days

Effective Date: <u>02/04/2017</u>

Expiration Date: 01/01/1900

# Privileges:

Class C Liquor License (LC) (Commercial)

#### **Status of Business**

BusinessType	: <u>Limite</u>	ed Liability Compa	iny			
Corporate ID Number: 242991		Federal Employer ID 42-1510291				
Ownership						
Don O'Brien						
First Name:	<u>Don</u>		Last Name:	<u>O'Brien</u>		
City:	<u>Ames</u>		State:	<u>lowa</u>	Zip:	<u>50010</u>
Position:	managing	Partner				
% of Ownership:	<u>100.00%</u>		U.S. Citizen: Y	es		

# Insurance Company Information

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