Applicant License Application (

Name of Applicant: Ames Jaycees

Name of Business (DBA): Ames on the Half Shell

Address of Premises: Corner of Sixth Street and Duff Avenue

City Ames County: Story Zip: 50010

)

Business (515) 835-1255

Mailing PO Box 624

 City Ames
 State IA
 Zip: 50010

## **Contact Person**

Name Melissa Angstrom

Phone: (515) 835-1255 Email chair@amesonthehalfshell.com

Classification Class B Beer (BB) (Includes Wine Coolers)

Term: 6 months

Expiration Date: 01/01/1900

Privileges:

Class B Beer (BB) (Includes Wine Coolers)

**Outdoor Service** 

## **Status of Business**

BusinessType: <u>Limited Liability Company</u>

Corporate ID Number: 109337 Federal Employer ID 42-6075796

## Ownership

Melissa Angstrom

First Name: Melissa Last Name: Angstrom

 City:
 Ames
 State:
 lowa
 Zip:
 50010

Position: <u>Manager-Half Shell</u>

% of Ownership: <u>0.00%</u> U.S. Citizen: Yes

## **Insurance Company Information**

Insurance Company: West Bend Mutual 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: