Applicant	License Application (LC0031099)		
Name of Applic	cant: <u>Ye Olde, L.L.C.</u>			
Name of Business (DBA): Dublin Bay				
Address of Premises: <u>320 S 16th</u>				
City Ames	County: Story	Zip: <u>50010</u>		
Business	<u>(515) 956-3580</u>			
Mailing	<u>320 S 16th</u>			
City Ames	State <u>IA</u>	Zip : <u>50010</u>		

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Contact Person

Name Don O'Brien		
Phone: (515) 451-1167	Email	dublinbaypub@aol.com

Classification Class C Liquor License (LC) (Commercial)

Term:12 months

Effective Date: 02/18/2019

Expiration Date:

Privileges:

Class C Liquor License (LC) (Commercial)

Status of Business

BusinessType: Limited Liability Company						
Corporate ID Number: XXXXXXXXX			Federal Employer ID XXXXXXXXX			
Ownership						
Rick Carmer						
First Name:	<u>Rick</u>		Last Name:	<u>Carmer</u>		
City:	<u>Ames</u>		State:	<u>lowa</u>	Zip:	<u>50010</u>
Position:	<u>Owner</u>					
% of Ownership: <u>37.50%</u> U.S. Citizen: Yes						
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:	<u>Owner</u>					
% of Ownership: <u>37.50%</u> U			U.S. Citizen: Yes			
Ken Eichenberger						
First Name:	<u>Ken</u>		Last Name:	Eichenberger		
City:	<u>Ames</u>		State:	<u>lowa</u>	Zip:	<u>50010</u>
Position:	<u>Owner</u>					
% of Ownership: <u>15.00%</u> U.S. Citizen: Yes						

Justin Kabrick				
First Name:	<u>Justin</u>	Last Name:	Kabrick	
City:	<u>Ames</u>	State:	<u>lowa</u>	Zip: <u>50010</u>
Position:	<u>Owner</u>			
% of Ownership: <u>10.00%</u>		U.S. Citizen: \	/es	

Insurance Company Information

Insurance Company:	Travelers Casualty Insurance Company of America			
Policy Effective Date:	02/18/2018	Policy Expiration	<u>02/18/2019</u>	
Bond Effective		Dram Cancel Date:		
Outdoor Service Effective		Outdoor Service Expiration		
Temp Transfer Effective		Temp Transfer Expiration Date:		