

Applicant License Application ()

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|--------------------------------|--------------------------------|----------------|--------------|-------------|--------------|
| Name of Applicant: | <u>Christiani's Events LLC</u> | | | | |
| Name of Business (DBA): | <u>Christiani's Events</u> | | | | |
| Address of Premises: | <u>429 Alumni Lane</u> | | | | |
| City | <u>Ames</u> | County: | <u>Story</u> | Zip: | <u>50011</u> |
| Business | <u>(515) 360-8069</u> | | | | |
| Mailing | <u>1150 E. Diehl</u> | | | | |
| City | <u>Des Moines</u> | State | <u>IA</u> | Zip: | <u>50315</u> |

Contact Person

| | | | | | |
|---------------|-----------------------|--------------|-------------------------------------|--|--|
| Name | <u>Peter Worsham</u> | | | | |
| Phone: | <u>(515) 360-8069</u> | Email | <u>peter@christianicatering.com</u> | | |

Classification Class C Liquor License (LC) (Commercial)

Term:5 days

Effective Date: 10/19/2018

Expiration Date: 01/01/1900

Privileges:

Class C Liquor License (LC) (Commercial)

Status of Business

| | | | | | |
|-----------------------------|----------------------------------|----------------------------|-------------------|--|--|
| BusinessType: | <u>Limited Liability Company</u> | | | | |
| Corporate ID Number: | <u>XXXXXXXXXX</u> | Federal Employer ID | <u>XXXXXXXXXX</u> | | |

Ownership

Carol Christiani

First Name: Carol

Last Name: Christiani

City: DesMoines

State: Iowa

Zip: 50315

Position: member

% of Ownership: 100.00%

U.S. Citizen: Yes

Insurance Company Information

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|----------------------------------|---|--------------------------|-------------------|--|--|
| Insurance Company: | <u>Illinois Union Insurance Company</u> | | | | |
| Policy Effective Date: | <u>10/19/2018</u> | Policy Expiration | <u>10/24/2018</u> | | |
| Bond Effective | Dram Cancel Date: | | | | |
| Outdoor Service Effective | Outdoor Service Expiration | | | | |
| Temp Transfer Effective | Temp Transfer Expiration Date: | | | | |