Applicant L	icense Application (LE0002122)	Item #13	
Name of Applica	ant: Kum & Go LC			
Name of Busine	ss (DBA): <u>Kum & Go # 113</u>			
Address of Premises: 2801 E 13th St				
City <u>Ames</u>	County: Story		Zip: <u>50010</u>	
Business	<u>(515) 233-0359</u>			
Mailing	1459 Grand Avenue			
City Des Moines	State <u>IA</u>		Zip: <u>50309</u>	

Contact Person

Name Jody Deiter			
Phone: (515) 457-6249	Email	licenses@kumandgo.com	

Classification Class E Liquor License (LE)

Term:12 months

Effective Date: 03/29/2020

Expiration Date:

Privileges:

Class E Liquor License (LE)

Status of Business

BusinessType: Limited Liability Company						
Corporate ID I	Corporate ID Number: XXXXXXXXX Federal Employer ID XXXXXXXXX					
Ownership						
Kyle Krause						
First Name:	<u>Kyle</u>		Last Name:	<u>Krause</u>		
City:	<u>Waukee</u>		State:	<u>lowa</u>	Zip:	<u>50263</u>
Position:	<u>CEO</u>					
% of Ownership: 0.00% U.S. Citizen: Yes						
Charley Campbell						
First Name:	Charley		Last Name:	<u>Campbell</u>		
City:	<u>Urbandale</u>	<u>)</u>	State:	<u>lowa</u>	Zip:	<u>50323</u>
Position:	Secretary					
% of Ownership: 0.00% U.S. Citizen: Yes						
Craig Bergstrom						
First Name:	<u>Craig</u>		Last Name:	Bergstrom		
City:	Johnston		State:	<u>lowa</u>	Zip:	<u>50131</u>
Position:	<u>CFO</u>					
% of Ownership: 0.00% U.S. Citizen: Yes						

Krause Group LTD

First Name:	Krause Group	Last Name:	<u>LTD</u>	
City:	Des Moines	State:	<u>lowa</u>	Zip: <u>50309</u>
Position:	Shareholder			
% of Ownership: <u>100.00%</u> U.S. Citizen:		′es		

Insurance Company Information

Insurance Company:	Merchants Bonding Company			
Policy Effective Date:	03/29/2019	Policy Expiration	<u>01/01/1900</u>	
Bond Effective	<u>2</u>	Dram Cancel Date:		
Outdoor Service Effective		Outdoor Service Expiration		
Temp Transfer Effective		Temp Transfer Expiration Date:		