Applicant	icense Application ()	ITEM #7		
Name of Applic	ant: Christiani's Events LLC				
Name of Busine	Name of Business (DBA): Christiani's Events				
Address of Premises: 420 Beach Avenue					
City Please Sel	ect County: Story		Zip: <u>50011</u>		
Business	<u>(515) 360-8069</u>				
Mailing	<u>1150 E. Diehl</u>				
City Des Moines	State <u>IA</u>		Zip: <u>50315</u>		

Contact Person

Name Peter Worsham			
Phone: (515) 360-8069	Email	peter@christianicatering.com	

Classification Class C Liquor License (LC) (Commercial)

Term:5 days

Effective Date: <u>10/19/2019</u>

Expiration Date: 01/01/1900

Privileges:

Class C Liquor License (LC) (Commercial)

Status of Business

BusinessType: Limited Liability Company						
Corporate ID Number: <u>XXXXXXXXX</u>		Federal Employer ID XXXXXXXXX				
Ownership						
Carol Christiani						
First Name:	<u>Carol</u>		Last Name:	<u>Christiani</u>		
City:	<u>DesMoine</u>	<u>s</u>	State:	<u>lowa</u>	Zip:	<u>50315</u>
Position:	<u>member</u>					
% of Ownership:	<u>100.00%</u>		U.S. Citizen: Y	es		

Insurance Company Information

Insurance Company: Union 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: