| Applicant | License Application ( LA0001450 |  |  |
| :---: | :---: | :---: | :---: |
| Name of Applicant: Green Hills Residents' Association |  |  |  |
| Name of Business (DBA): Green Hills Residents' Association |  |  |  |
| Address of Premises: 2200 Hamilton Drive, Suite 100 |  |  |  |
| City Ames | County: Story | Zip: | 50014 |
| Business | (515) 357-5000 |  |  |
| Mailing | 2205 Green Hills Drive, Suite 100 |  |  |
| City Ames | State IA | Zip: | 50014 |

## Contact Person

Name Kat Kilbane
Phone: (515) 357-5000 Email ed@greenhillsrc.com

Classification Class A Liquor License (LA) (Private Club)
Term:12 months
Effective Date: 06/30/2022
Expiration Date:
Privileges:
Class A Liquor License (LA) (Private Club)

Status of Business

```
BusinessType: Privately Held Corporation
Corporate ID Number: }\quadXXXXXXXXXX Federal Employer ID XXXXXXXXXXX
```


## Ownership

Allen Trenkle

| First Name: | Allen | Last Name: | Trenkle |  |
| :--- | :--- | :--- | :--- | :--- |
| City: | $\underline{\text { Ames }}$ | State: | $\underline{\text { lowa }}$ | Zip: $\quad \underline{50014}$ |

Position: Director
\% of Ownership: $0.00 \% \quad$ U.S. Citizen: Yes
Alan Atherly

| First Name: | Alan | Last Name: | Atherly |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| City: | Ames | State: | Iowa | Zip: | 50014 |
| Position: | Vice-President |  |  |  |  |
| \% of Ownership: 0.00\% |  | U.S. Citizen: Yes |  |  |  |
| Carol Volker |  |  |  |  |  |
| First Name: | Carol $V$ | Last Name: | Volker |  |  |
| City: | Ames | State: | Iowa | Zip: | 50014 |
| Position: | Secretary |  |  |  |  |
| \% of Ownership: | 0.00\% | U.S. Citizen: |  |  |  |


| First Name: | $\underline{\text { Warren }}$ | Last Name: | Madden |  |
| :--- | :--- | :--- | :--- | :--- |
| City: | $\underline{\text { Ames }}$ | State: | $\underline{\text { lowa }}$ | Zip: 50014 |
| Position: | $\underline{\text { Treasurer }}$ |  |  |  |
| $\%$ of Ownership: | $\underline{0.00 \%}$ | U.S. Citizen: Yes |  |  |

Insurance Company Information

| Insurance Company: | $\underline{\text { Ironshore Specialty Insurance Company }}$ |  |  |
| :--- | :--- | :--- | :--- |
| Policy Effective Date: | $\underline{06 / 30 / 2020}$ | Policy Expiration | $\underline{06 / 30 / 2021}$ |
| Bond Effective |  | Dram Cancel Date: |  |
| Outdoor Service Effective |  | Outdoor Service Expiration |  |
| Temp Transfer Effective Date: | Temp Transfer Expiration Date: |  |  |

