

Item No. 9

# **Applicant**

NAME OF LEGAL ENTITY NAME OF BUSINESS (DBA) BUSINESS

AMES JAYCEES Ames on the Half Shell (515) 835-1255

ADDRESS OF PREMISES PREMISES SUITE/APT NUMBER CITY COUNTY ZIP

125 East 5th Street Ames Story 50010

MAILING ADDRESS CITY STATE ZIP

PO Box 624 Ames Iowa 50010

#### **Contact Person**

NAME PHONE EMAIL

Melissa Angstrom (515) 835-1255 m\_angstrom00@hotmail.com

#### **License Information**

LICENSE NUMBER LICENSE/PERMIT TYPE TERM STATUS

Special Class C Retail Alcohol 8 Month Submitted to Local

to Local
Authority

EFFECTIVE DATE EXPIRATION DATE LAST DAY OF BUSINESS

SUB-PERMITS

Special Class C Retail Alcohol License

**PRIVILEGES** 

**Outdoor Service** 



## **Status of Business**

**BUSINESS TYPE** 

Nonprofit corporation organized under chapter 504.

## **Ownership**

#### Individual Owners

NAME	CITY	STATE	ZIP	POSITION	% OF OWNERSHIP	U.S. CITIZEN
Melissa Angstrom	Ames	lowa	50010	Director	0.00	Yes

## Companies

COMPANY NAME	FEDERAL ID	CITY	STATE	ZIP	% OF OWNERSHIP
Ames Jaycees	42-6075796	Ames	Iowa	50010	100.00

## **Insurance Company Information**

INSURANCE COMPANY	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE
West Bend Mutual Insurance Company	May 15, 2023	Jan 15, 2024
DRAM CANCEL DATE	OUTDOOR SERVICE EFFECTIVE DATE	OUTDOOR SERVICE EXPIRATION DATE
BOND EFFECTIVE DATE	TEMP TRANSFER EFFECTIVE DATE	TEMP TRANSFER EXPIRATION DATE