# License Application ( )

$\sim$	
• •	- 2
<b>_</b> .	

Applicant			ЪJ
Name of Applicant:	Oddfellows LLC		
Name of Business (DBA)	: <u>Oddfellows</u>		
Address of Premises:	823 Wheeler St.		
City: Ames	County: Story	Zip:	<u>50010</u>
Business Phone: (515	5) 292-2066		
Mailing Address: 823	Wheeler St.		
City: Ames	State: IA	Zip:	<u>50010</u>

### **Contact Person**

Name:	Chris Patterson		
Phone:	<u>(240) 447-9620</u>	Email Address:	cpatrick67@aol.com

### Classification: Class C Liquor License (LC) (Commercial)

Term: 12 months

Effective Date: 02/01/2012

Expiration Date: 01/31/2013

Privileges:

<u>Class C Liquor License (LC) (Commercial)</u> <u>Outdoor Service</u> <u>Sunday Sales</u>

### Status of Business

BusinessType:	Limited Liability Company	
Corporate ID Nur	nber: <u>428541</u>	Federal Employer ID # <u>45-4129926</u>

## Ownership

Chris Patterson		
First Name: Chris	Last Name: Patterson	
City: Nevada	State: lowa	<b>Zip:</b> <u>50201</u>
Position President		
% of Ownership 0.00 %	U.S. Citizen	
Chris Patterson		
First Name: Chris	Last Name: Patterson	
City: Nevada	State: lowa	<b>Zip:</b> <u>50201</u>
Position President		
% of Ownership	U.S. Citizen	

### Insurance Company Information

Insurance Company: Society Insurance	
Policy Effective Date:	Policy Expiration Date:
Bond Effective Continuously:	Dram Cancel Date:
Outdoor Service Effective Date:	Outdoor Service Expiration Date:
Temp Transfer Effective Date:	Temp Transfer Expiration Date: