License Application ()

29a

| Applicant | | | |
|--|-----------------------|------|--------------|
| Name of Applicant: LJPS Inc. | | | |
| Name of Business (DBA): Olde Main Brewing Company | | | |
| Address of Premises: St. Thomas Aquinas Church, 2210 Lincoln Way | | | |
| City: Ames | County: Story | Zip: | <u>50014</u> |
| Business Phone: | <u>(515) 232-0553</u> | | |
| Mailing Address: | PO Box 1928 | | |
| City: Ames | State: IA | Zip: | <u>50010</u> |

Contact Person

| Name: | Matt Sinnwell | | |
|--------|-----------------------|----------------|--------------------|
| Phone: | <u>(515) 232-0553</u> | Email Address: | mattombc@gmail.com |

Classification: Special Class C Liquor License (BW) (Beer/Wine)

Term: 5 days

Effective Date: 05/03/2013

Expiration Date: 05/07/2013

Privileges:

Special Class C Liquor License (BW) (Beer/Wine)

Status of Business

BusinessType: Limited Liability Company

Corporate ID Number: 286196

Federal Employer ID # 77-0613629

Ownership

| Daniel Griffen | | |
|-------------------------------|--------------------|--------------------------|
| First Name: Daniel | Last Name: Griffen | |
| City: Potomac | State: Maryland | Zip: <u>24854</u> |
| Position Owner | | |
| % of Ownership 25.00 % | U.S. Citizen | |
| Scott Griffen | | |
| First Name: Scott | Last Name: Griffen | |
| City: Ames | State: lowa | Zip: <u>50010</u> |
| Position Owner | | |
| % of Ownership <u>50.00 %</u> | U.S. Citizen | |
| Susan Griffen | | |
| First Name: Susan | Last Name: Griffen | |
| City: Potomac | State: Maryland | Zip: <u>24854</u> |
| Position Owner | | |
| % of Ownership 25.00 % | U.S. Citizen | |

Insurance Company Information

| Insurance Company: Illinois Casualty Co | |
|---|----------------------------------|
| 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: |

License Application ()

| | cense Application (| , | 29b | |
|-------------------------|--------------------------------------|---|--------------------------|--|
| Applicant | | | | |
| Name of Applicant: | LJPS Inc. | | | |
| Name of Business (DBA): | Olde Main Brewing Company | | | |
| Address of Premises: | Reiman Gardens, 1407 University Blvd | | | |
| City: Ames | County: lowa | | Zip: <u>50011</u> | |
| Business Phone: (515) | 232-0553 | | | |
| Mailing Address: PO B | <u>ox 1928</u> | | | |
| City: Ames | State: IA | | Zip: <u>50010</u> | |

Contact Person

| Name: | Mat Sinnwell | | |
|--------|-----------------------|----------------|--------------------|
| Phone: | <u>(505) 400-5981</u> | Email Address: | mattombc@gmail.com |

Classification: Special Class C Liquor License (BW) (Beer/Wine)

Term: <u>5 days</u>

Effective Date: 05/14/2013

Expiration Date: 05/18/2013

Privileges:

<u>Outdoor Service</u> <u>Special Class C Liquor License (BW) (Beer/Wine)</u>

Status of Business

BusinessType: Limited Liability Company

Corporate ID Number: 286196

Federal Employer ID # 77-0613629

Ownership

| Daniel Griffen | | |
|-------------------------------|--------------------|--------------------------|
| First Name: Daniel | Last Name: Griffen | |
| City: Potomac | State: Maryland | Zip: <u>24854</u> |
| Position Owner | | |
| % of Ownership 25.00 % | U.S. Citizen | |
| Scott Griffen | | |
| First Name: Scott | Last Name: Griffen | |
| City: Ames | State: lowa | Zip: <u>50010</u> |
| Position Owner | | |
| % of Ownership <u>50.00 %</u> | U.S. Citizen | |
| Susan Griffen | | |
| First Name: Susan | Last Name: Griffen | |
| City: Potomac | State: Maryland | Zip: <u>24854</u> |
| Position Owner | | |
| % of Ownership 25.00 % | U.S. Citizen | |

Insurance Company Information

| Insurance Company: Illinois Casualty Co | |
|---|----------------------------------|
| 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: |