| Applicant                            | License Application (      | )                        |  |  |
|--------------------------------------|----------------------------|--------------------------|--|--|
| Name of Appl                         | icant: <u>Ames Jaycees</u> |                          |  |  |
| Name of Business (DBA): Ames Jaycees |                            |                          |  |  |
| Address of Premises: Bandshell Park  |                            |                          |  |  |
| City Ames                            | County: Story              | Zip: <u>50010</u>        |  |  |
| Business                             | <u>(515) 835-1255</u>      |                          |  |  |
| Mailing                              | <u>PO Box 624</u>          |                          |  |  |
| City Ames                            | State <u>IA</u>            | <b>Zip:</b> <u>50010</u> |  |  |

#### **Contact Person**

| Name Melissa Angstrom        |       |                              |
|------------------------------|-------|------------------------------|
| <b>Phone:</b> (515) 835-1255 | Email | amesonthehalfshell@gmail.com |

# Classification Class B Beer (BB) (Includes Wine Coolers)

Term: 6 months

Effective Date: 05/15/2016

Expiration Date: 01/01/1900

# Privileges:

Class B Beer (BB) (Includes Wine Coolers)

Outdoor Service

### **Status of Business**

| BusinessType                 | <u>Limite</u>  | d Liability Compa | iny         |                            |           |              |
|------------------------------|----------------|-------------------|-------------|----------------------------|-----------|--------------|
| Corporate ID N               | lumber:        | <u>109337</u>     | Federal Emp | bloyer ID <u>42-607579</u> | <u>96</u> |              |
| Ownership                    |                |                   |             |                            |           |              |
| Melissa Angstrom             |                |                   |             |                            |           |              |
| First Name:                  | <u>Melissa</u> |                   | Last Name:  | Angstrom                   |           |              |
| City:                        | <u>Ames</u>    |                   | State:      | <u>lowa</u>                | Zip:      | <u>50010</u> |
| Position:                    | Manager-I      | Half Shell        |             |                            |           |              |
| % of Ownership: <u>0.00%</u> |                | U.S. Citizen: Yes |             |                            |           |              |

# Insurance Company Information

| Insurance Company: West Bend Mutual 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: |  |  |  |