

**Applicant License Application ( )**

|  |                             |                          |
|--|-----------------------------|--------------------------|
| <b>Name of Applicant:</b> <u>Ames Stop LLC</u>             |                             |                          |
| <b>Name of Business (DBA):</b> <u>Wing Stop</u>            |                             |                          |
| <b>Address of Premises:</b> <u>703 South Duff Ave #101</u> |                             |                          |
| <b>City</b> <u>Ames</u>                                    | <b>County:</b> <u>Story</u> | <b>Zip:</b> <u>50010</u> |
| <b>Business</b> <u>(515) 663-9464</u>                      |                             |                          |
| <b>Mailing</b> <u>703 South Duff Ave #101</u>              |                             |                          |
| <b>City</b> <u>Ames</u>                                    | <b>State</b> <u>IA</u>      | <b>Zip:</b> <u>50010</u> |

**Contact Person**

|                                     |  |
|-------------------------------------|--|
| <b>Name</b> <u>Seneca Wallace</u>   |  |
| <b>Phone:</b> <u>(425) 753-6055</u> | <b>Email</b> <u>senecawallace9@gmail.com</u> |

**Classification** Special Class C Liquor License (BW) (Beer/Wine)**Term:** 12 months**Effective Date:** 03/12/2018**Expiration Date:** 01/01/1900**Privileges:**Special Class C Liquor License (BW) (Beer/Wine)Sunday Sales**Status of Business**

|   |  |
|---|--|
| <b>BusinessType:</b> <u>Limited Liability Company</u> |  |
| <b>Corporate ID Number:</b> <u>XXXXXXXXXX</u>         | <b>Federal Employer ID</b> <u>XXXXXXXXXX</u> |

**Ownership****Seneca Wallace**

**First Name:** Seneca                      **Last Name:** Wallace  
**City:** Prosper                              **State:** Texas                      **Zip:** 75078  
**Position:** manager  
**% of Ownership:** 100.00%                      **U.S. Citizen:** Yes

**Insurance Company Information**

|   |                                       |
|---|---------------------------------------|
| <b>Insurance Company:</b> <u>Illinois Casualty Co</u> |                                       |
| <b>Policy Effective Date:</b>                         | <b>Policy Expiration</b>              |
| <b>Bond Effective</b>                                 | <b>Dram Cancel Date:</b>              |
| <b>Outdoor Service Effective</b>                      | <b>Outdoor Service Expiration</b>     |
| <b>Temp Transfer Effective</b>                        | <b>Temp Transfer Expiration Date:</b> |