Applicant	License Application (	)			
Name of Appli	cant: Gateway Expresse Inc				
Name of Business (DBA): Filling Station					
Address of Premises: 2400 University Blvd					
City <u>Ames</u>	County: Story	<b>Zip</b> : <u>50010</u>			
Business	<u>(515) 292-6769</u>				
Mailing	2400 University Blvd				
City Ames	State <u>IA</u>	<b>Zip</b> : <u>50010</u>			

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## **Contact Person**

Name Jeanette		
<b>Phone:</b> (515) 451-2695	Email	jj52tt@yahoo.com

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

Term: 12 months

Effective Date: 04/01/2018

Expiration Date: 01/01/1900

Privileges:

Outdoor Service

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

## **Status of Business**

BusinessType: Privately Held Corporation						
Corporate ID Number: XXXXXXXXX		Federal Employer ID XXXXXXXXX				
Ownership						
Steve Burgason						
First Name:	<u>Steve</u>		Last Name:	<u>Burgason</u>		
City:			State:	<u>lowa</u>	Zip:	<u>50014</u>
Position:	owner					
% of Ownership	: <u>50.00%</u>		U.S. Citizen: `	Yes		
Anne Burgason						
First Name:	<u>Anne</u>		Last Name:	<u>Burgason</u>		
City:			State:	<u>lowa</u>	Zip:	<u>50014</u>
Position:	owner					
% of Ownership	: <u>50.00%</u>		U.S. Citizen:	Yes		

## **Insurance Company Information**

Policy Effective Date:	Policy Expiration
Bond Effective	Dram Cancel Date:
Outdoor Service Effective	Outdoor Service Expiration
Temp Transfer Effective	Temp Transfer Expiration Date: