Item #7

Applicant License Application (

Name of Applicant: Sole Proprietorship

Name of Business (DBA): The Angry Irishmen

Address of Premises: 119 Main Street

City Ames County: Story Zip: 50021

)

 Business
 (515) 223-3910

 Mailing
 3514 Skyline Drive

City Des Moines State IA Zip: 50310

Contact Person

Name Amanda Warner

Classification Class C Liquor License (LC) (Commercial)

Term: 12 months

Expiration Date: 02/14/2019

Expiration Date: 01/01/1900

Privileges:

Class C Liquor License (LC) (Commercial)

Outdoor Service
Sunday Sales

Status of Business

BusinessType: Sole Proprietorship

Corporate ID Number: XXXXXXXXX Federal Employer ID XXXXXXXXXX

Ownership

Amanda Warner

First Name: Amanda Last Name: Warner

City: State: <u>lowa</u> **Zip:** <u>50310</u>

Position: Owner/Operator

% of Ownership: 100.00% U.S. Citizen: Yes

Adam Warner

First Name: Adam Last Name: Warner

City: State: <u>lowa</u> **Zip:** <u>50310</u>

Position: na

% of Ownership: <u>0.00%</u> U.S. Citizen: Yes

Insurance Company Information

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: