Applicant	License Application ()	Item No. 10		
Name of Appli	cant: <u>Ames Jaycees</u>				
Name of Business (DBA): Ames on the Half Shell					
Address of Premises: Bandshell Park					
City Ames	County: Story		Zip: <u>50010</u>		
Business	<u>(563) 249-8767</u>				
Mailing	<u>PO Box 624</u>				
City Ames	State <u>IA</u>		Zip: <u>50010</u>		

Contact Person

Name Bethany Waltersdorf					
Phone: (515) 215-0989	Email	bethanysu_24@hotmail.com			

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

Term: 6 months

Effective Date: 05/24/2019

Expiration Date: 01/01/1900

Privileges:

Class B Beer (BB) (Includes Wine Coolers)

Outdoor Service

Status of Business

BusinessType: Limited Liability Company						
Corporate ID Number: XXXXXXXXX		Federal Employer ID XXXXXXXXX				
Ownership						
Bethany Waltersdorf						
First Name:	Bethany_	Last Name:	Waltersdorf			
City:	Council Bluffs	State:	<u>lowa</u>	Zip: <u>51503</u>		
Position:	President					
% of Ownership: <u>0.00%</u>		U.S. Citizen: Yes				
Adam Petersen						
First Name:	<u>Adam</u>	Last Name:	<u>Petersen</u>			
City:	<u>Ames</u>	State:	<u>lowa</u>	Zip: <u>50010</u>		
Position:	Treasurer					
% of Ownership: <u>0.00%</u>		U.S. Citizen: Yes				
Melissa Angstrom						
First Name:	<u>Melissa</u>	Last Name:	Angstrom			
City:	<u>Ames</u>	State:	<u>lowa</u>	Zip: <u>50010</u>		
Position:	<u>Secretary</u>					

Insurance Company Information

Insurance Company:	West Bend Mutual Insurance Company			
Policy Effective Date:	05/24/2019	Policy Expiration	<u>11/24/2019</u>	
Bond Effective		Dram Cancel Date:		
Outdoor Service Effective		Outdoor Service Expiration		
Temp Transfer Effectiv	ve	Temp Transfer Expiration Date:		