Applicant	cense Application ()	Item No 6	
Name of Applicar	nt: <u>YeOlde LLC.</u>			
Name of Business (DBA): Dublinbay Pub				
Address of Premises: <u>320 S 16th</u>				
City Please Selec	t County: lowa		Zip: <u>50010</u>	
Business	<u>(515) 451-1167</u>			
Mailing	<u>320 S 16th</u>			
City Please Select	State <u>IA</u>		Zip: <u>50010</u>	

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Contact Person

Name Donald O'Brien		
Phone: (515) 451-1167	Email	dublinbaypub@aol.com

Classification Class C Liquor License (LC) (Commercial)

Term:<u>5 days</u>

Effective Date: 07/30/2019

Expiration Date: 01/01/1900

Privileges:

Class C Liquor License (LC) (Commercial)

Status of Business

BusinessType: Limited Liability Company					
Corporate ID I	Number: <u>XXXXXXXXX</u>	Federal Employer ID XXXXXXXXX			
Ownership					
Donald O'Brien					
First Name:	Donald	Last Name:	<u>O'Brien</u>		
City:	<u>Ames</u>	State:	<u>lowa</u>	Zip:	<u>50014</u>
Position:	manager member				
% of Ownership	of Ownership: <u>40.00%</u> U.S. Citizen: Yes				
Ken Eichenberg	er				
First Name:	<u>Ken</u>	Last Name:	<u>Eichenberger</u>		
City:	<u>Ames</u>	State:	<u>lowa</u>	Zip:	<u>50010</u>
Position:	manager member				
% of Ownership	% of Ownership: <u>10.00%</u> U.S. Citizen: Yes				
Justin Kabrick					
First Name:	<u>Justin</u>	Last Name:	Kabrick		
City:	<u>Ames</u>	State:	<u>lowa</u>	Zip:	<u>50010</u>
Position:	manager member				
% of Ownership: <u>10.00%</u> U.S. Citizen: Yes					

Richard Carmer				
First Name:	<u>Richard</u>	Last Name:	<u>Carmer</u>	
City:	<u>Ames</u>	State:	<u>lowa</u>	Zip: <u>50014</u>
Position:	manager member			
% of Ownership: <u>40.00%</u>		U.S. Citizen: Yes		

Insurance Company Information

Insurance Company:	Integrity Insurance			
Policy Effective Date:	07/30/2019	Policy Expiration	08/04/2019	
Bond Effective		Dram Cancel Date:		
Outdoor Service Effective		Outdoor Service Expiration		
Temp Transfer Effective		Temp Transfer Expiration Date:		