Applicant	License Application (	)	Item No. 6	
Name of App	blicant: YeOlde LLC.			
Name of Bus	Name of Business (DBA): Dublin Bay			
Address of Premises: 123 Airport Rd				
City Ames	County: lowa		<b>Zip:</b> <u>50010</u>	
Business	<u>(515) 451-1167</u>			
Mailing	<u>320 S 16th</u>			
City Ames	State <u>IA</u>		<b>Zip:</b> <u>50010</u>	

## **Contact Person**

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

## Classification Class C Liquor License (LC) (Commercial)

Term:5 days

Effective Date: <u>11/13/2019</u>

Expiration Date: 01/01/1900

Privileges:

Class C Liquor License (LC) (Commercial)

## **Status of Business**

BusinessType: Limited Liability Company						
Corporate ID N	lumber:	<u>XXXXXXXXXX</u>	Federal Em	ployer ID X	<u>XXXXXXXXXX</u>	
Ownership	Ownership					
Donald O'Brien						
First Name:	<u>Donald</u>		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>39.50%</u> U.S. Citizen: Yes					
<b>Richard Carmer</b>						
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	% of Ownership: <u>39.50%</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						

Ken Eichenberger	
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First Name:	Ken	Last Name:	<u>Eichenberger</u>	
City:	<u>Ames</u>	State:	<u>lowa</u>	<b>Zip:</b> <u>50010</u>
Position:	manager member			
% of Ownership: <u>11.00%</u>		U.S. Citizen: Yes		

## Insurance Company Information

Insurance Company:	Integrity Insurance			
Policy Effective Date:	<u>11/13/2019</u>	Policy Expiration	<u>11/18/2019</u>	
Bond Effective		Dram Cancel Date:		
Outdoor Service Effective		Outdoor Service Expiration		
Temp Transfer Effective		Temp Transfer Expiration Date:		