Applicant License Application (

Name of Applicant: Kinseth Hospitality Company, Inc

Name of Business (DBA): Springhill Suites

Address of Premises: 1810 SE 16th St.

City Ames County: Story Zip: 50010

)

 Business
 (515) 598-8900

 Mailing
 2 Quail Creek Circle

City North Liberty State IA Zip: 52317

Contact Person

Name Michelle Schultz

Phone: (319) 626-5600 Email mschultz@kinseth.com

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

Term: 12 months

Expiration Date: <u>01/01/1900</u>

Privileges:

Living Quarters

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

Sunday Sales

Status of Business

BusinessType: Privately Held Corporation

Corporate ID Number: XXXXXXXXX Federal Employer ID XXXXXXXXXX

Ownership

Bruce Kinseth

First Name: Bruce Last Name: Kinseth

City: Coralville State: lowa Zip: 52241

Position: <u>Vice-President</u>

% of Ownership: <u>25.00%</u> U.S. Citizen: Yes

Leslie Kinseth

First Name: Leslie Last Name: Kinseth

City: <u>Clear Lake</u> State: <u>lowa</u> Zip: <u>50428</u>

Position: <u>President</u>

% of Ownership: <u>25.00%</u> U.S. Citizen: Yes

Gary Kinseth

First Name: Gary Last Name: Kinseth

City: Mason City State: lowa Zip: 50401

Position: Secretary

% of Ownership: <u>25.00%</u> U.S. Citizen: Yes

Linda Skinner

First Name: Linda Last Name: Skinner

City: <u>Coralville</u> State: <u>lowa</u> Zip: <u>52241</u>

Position: <u>Treasurer</u>

% of Ownership: <u>25.00%</u> U.S. Citizen: Yes

Insurance Company Information

Insurance Company: Hartford Fire Insurance Company

Policy Effective Date: 11/30/2020 Policy Expiration 11/30/2021

Bond Effective Dram Cancel Date:

Outdoor Service Effective Outdoor Service Expiration

Temp Transfer Effective Temp Transfer Expiration Date: