

**License or Permit Type**

---

<b>License or Permit Type</b>	<b>Length of License Requested</b>
Special Class C Liquor License	12 Month
<b>Tentative Effective Date</b>	<b>Tentative Expiration Date</b>
2021-07-05	2022-07-04

**Privileges / Sub-Permits Information**

---

**Privileges**

Outdoor Service

Sunday Sales

**Sub-Permits**

**Please provide a description of the area you intend to use for the Outdoor Service Privilege and explain its relationship to the currently-licensed premises**

This is a patio directly attached to the east side of our building. We will not be serving out there, customers

will pay at the counter  
and can carry their  
beverage out there  
themselves.

## Premises Information

---

### Business Information

**\* (required) Name of Legal Entity (The name of the individual, partnership, corporation or other similar legal entity that is receiving the income from the alcoholic beverages sold)**  
BURGIE'S COFFEE CO. NORTH, L.L.C.

**\* (required) Name of Business (D/B/A)**  
Burgie's North Ames

**Indicate how the business will be operated**  
Limited Liability Company

**\* (required) Federal Employer ID #**  
85-0812292

**\* (required) Business Number of Secretary of State**  
617410

**Tentative Expiration Date**  
Jul 4, 2022

## Premises Information

### Address of Premises:

**Address or location**

3701 Stange Road, Ames, Iowa, Story

Search by a location name or address to automatically populate the address fields below (optional)

**\* (required) Premises Street**

3701 Stange Road

**Premises Suite/Apt Number**

**\* (required) Premises City**

Ames

**Premises State**

Iowa

**\* (required) Premises Zip/Postal Code**

50010

**Premises County**

Story

**\* (required) Local Authority**

City of Ames

**Control of Premises**

Own

**Is the capacity of your establishment over 200?**

No

**Are other liquor, wine or beer businesses accessible from the interior of your premises?**

No

**Equipped with tables and seats to accommodate a minimum of 25?**

Yes

**\* (required) # of Floors:**

1

**# of Bathrooms:**

2+

**Premises Type**

Coffee Shop

Does your premises conform to all local and state health, fire and building laws and regulation?

Yes

## Contact Information

\* (required) Contact Name

Andrew Burgason

\* (required) Business

(required) Extension

(515) 451-2658

\* (required) Email Address

andrew@windmillcoffee.com

\* (required) Phone

(required) Extension

(515) 451-2658

Same as Premises Address

## Mailing Address:

Address or location

2400 University Boulevard, Ames, Iowa, Story

Search by a location name or address to automatically populate the address fields below (optional)

Mailing Street

2400 University Boulevard

Mailing Suite/Apt Number

Mailing City

Ames

Mailing State

Iowa

**Mailing Zip/Postal Code**

50010

**Mailing County**

Story

## Business Demographics Information

---

**Andrew**

**Burgason**

**Position:** Owner /

Operator

**SSN:** XXX-XX-9383

**US Citizen:** Yes

**Ownership:** 60%

**DOB:** 1985-10-09

## Criminal History Information

---

**Have you ever been convicted of a felony offense in Iowa or any other state of the United States? If you selected "yes", please list your violations below**

No

---

Have any of the owners listed in the ownership screen ever been charged, arrested, indicted, convicted or received a deferred judgment for any violation of any state, county, city, federal or foreign law? All information shall be reported regardless of the disposition, even if dismissed or expunged. Include pending charges. DO NOT include traffic violations, except those that are alcohol related. If you selected "yes", please list your violations below.

No

## Dramshop Verification Information

---

Dram Shop

Society Insurance

## Local Authority Information

---

Outdoor Service Area Approved / Denied

Extension

\* (required) Daytime Phone  
for Local Authority

Sketch on File

Lease, Final Sales Contract, or Warranty  
Deed on File

**Premise's Address Correct?**

**Premises Zoned Properly?**

**Fire Inspection Completed?**

**Health Inspection Completed?**

**Was a DCI background check run?**

**Previous License Number for this Location**

**\* (required) Local Authority Email Address**

**Comments**

**Amount Owed to Local Authority**

337.50

## Document Upload Information

---

DOCUMENT NAME

Deed/Final Sales Contract or Lease

UPLOADED DOCUMENTS

**Lease Agreement.pdf**

UPLOADED DOCUMENTS

DOCUMENT NAME

Sketch

UPLOADED DOCUMENTS

**BURGIE'S SKETCH UP.pdf**

UPLOADED DOCUMENTS