

#### Item No. 4

## **Applicant**

NAME OF LEGAL ENTITY NAME OF BUSINESS(DBA) BUSINESS

SWEET CAROLINE'S INC. Sweet Carolines (515) 419-7124

ADDRESS OF PREMISES CITY COUNTY ZIP

316 Main Street Ames Story 50010

MAILING ADDRESS CITY STATE ZIP

2115 Southwest White Birch Drive Ankeny lowa 50023

#### **Contact Person**

NAME PHONE EMAIL

Nicole Romare (515) 250-6928 drink@whiskeyriveronmain.com

#### **License Information**

LICENSE NUMBER LICENSE/PERMIT TYPE TERM

Class C Liquor License 12 Month

EFFECTIVE DATE EXPIRATION DATE

SUB-PERMITS/PRIVILEGES

### **Status of Business**



# State of lowa Alcoholic Beverages Division

**BUSINESS TYPE** 

**Privately Held Corporation** 

# **Ownership**

NAME	CITY	STATE	ZIP	POSITION	% OF OWNERSHIP	U.S. CITIZEN
Joseph Romare	Ankeny	lowa	50023	Owner	100.00	Yes

# **Insurance Company Information**

INSURANCE COMPANY	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE
Specialty Risk of America	Aug 23, 2021	Aug 23, 2022
DRAM CANCEL DATE	OUTDOOR SERVICE EFFECTIVE DATE	OUTDOOR SERVICE EXPIRATION DATE
BOND EFFECTIVE DATE	TEMP TRANSFER EFFECTIVE DATE	TEMP TRANSFER EXPIRATION DATE