



# **Applicant**

NAME OF LEGAL ENTITY

NAME OF BUSINESS(DBA)

BUSINESS

MARGARITAS SPORT BAR SEAFOOD INC margaritas sport bar seafood inc

(909) 442-3167

ADDRESS OF PREMISES

PREMISES SUITE/APT NUMBER

CITY

COUNTY

ZIP

823 Wheeler Street

5

Ames

Story

50010

MAILING ADDRESS

CITY

STATE

ZIP

823 Wheeler Street

Ames

Iowa

50010

#### **Contact Person**

NAME

PHONE

**EMAIL** 

jose m fernandez

(909) 442-3167

adelinacastro1976@gmail.com

## **License Information**

LICENSE NUMBER

LICENSE/PERMIT TYPE

TERM

STATUS

Class C Liquor License

12 Month

Submitted to Local Authority

**EFFECTIVE DATE** 

**EXPIRATION DATE** 

LAST DAY OF BUSINESS

SUB-PERMITS

Class C Liquor License

**PRIVILEGES** 

Sunday Service



### **Status of Business**

**BUSINESS TYPE** 

**Privately Held Corporation** 

## **Ownership**

#### Individual Owners

NAME	CITY	STATE	ZIP	POSITION	% OF OWNERSHIP	U.S. CITIZEN
jose fernandez	Ames	lowa	50010	owner	40.00	Yes
Adelina Castro	Iowa Falls	lowa	50126	Owner	60.00	Yes

#### Companies

COMPANY NAME	FEDERAL ID	CITY	STATE	ZIP	% OF OWNERSHIP
Margartias Sports Bar Seafood Inc.	88-1963785	Ames	Iowa	50010	0.00

## **Insurance Company Information**

INSURANCE COMPANY POLICY EFFECTIVE DATE POLICY EXPIRATION DATE

**Auto Owners Insurance Company** 

DRAM CANCEL DATE OUTDOOR SERVICE EFFECTIVE **OUTDOOR SERVICE EXPIRATION** DATE DATE

BOND EFFECTIVE DATE TEMP TRANSFER EFFECTIVE DATE

TEMP TRANSFER EXPIRATION DATE