



## **Applicant**

NAME OF LEGAL ENTITY NAME OF BUSINESS (DBA) BUSINESS

LALO'S LIQUOR STORE INC LALO'S LIQUOR STORE (515) 288-3188

ADDRESS OF PREMISES PREMISES SUITE/APT NUMBER CITY COUNTY ZIP

809 Wheeler Street SUITE 105 Ames Story 50010

MAILING ADDRESS CITY STATE ZIP

3816 Ingersoll AvenueNorth of Des Moines Iowa 50312 Grand

#### **Contact Person**

NAME PHONE EMAIL

MARIA RUBI (515) 288-3188 maria@communitycpa.com

### **License Information**

LICENSE NUMBER LICENSE/PERMIT TYPE TERM STATUS

Class E Retail Alcohol License 12 Month Submitted

to Local Authority

EFFECTIVE DATE EXPIRATION DATE LAST DAY OF BUSINESS

**SUB-PERMITS** 

Class E Retail Alcohol License

**PRIVILEGES** 



#### **Status of Business**

**BUSINESS TYPE** 

Corporation

## **Ownership**

#### Individual Owners

| NAME                          | CITY   | STATE | ZIP   | POSITION | % OF<br>OWNERSHIP | U.S.<br>CITIZEN |
|-------------------------------|--------|-------|-------|----------|-------------------|-----------------|
| Daisy Valderrabano<br>Cordero | Huxley | lowa  | 50124 | OWNER    | 100.00            | Yes             |

# **Insurance Company Information**

| INSURANCE COMPANY   | POLICY EFFECTIVE DATE          | POLICY EXPIRATION DATE          |
|---------------------|--------------------------------|---------------------------------|
| DRAM CANCEL DATE    | OUTDOOR SERVICE EFFECTIVE DATE | OUTDOOR SERVICE EXPIRATION DATE |
| BOND EFFECTIVE DATE | TEMP TRANSFER EFFECTIVE DATE   | TEMP TRANSFER EXPIRATION DATE   |