

# **Applicant**

NAME OF LEGAL ENTITY NAME OF BUSINESS (DBA) BUSINESS

Sundstop II LLC SUNDSTOP #3 (563) 451-5929

ADDRESS OF PREMISES PREMISES SUITE/APT NUMBER CITY COUNTY ZIP

740 Field of Dreams Way Dyersville IA 52320

MAILING ADDRESS CITY STATE ZIP

400 Jackson Street Olin Iowa 52320

#### **Contact Person**

NAME PHONE EMAIL

Joshua Sundstrom (563) 451-5929 sundstop@gmail.com

### **License Information**

LICENSE NUMBER LICENSE/PERMIT TYPE TERM STATUS

Class B Retail Alcohol License 12 Month Submitted

to Local Authority

TENTATIVE EFFECTIVE DATE TENTATIVE EXPIRATION DATE LAST DAY OF BUSINESS

July 31, 2023 July 30, 2024

SUB-PERMITS

Class B Retail Alcohol License



## **Status of Business**

**BUSINESS TYPE** 

Limited Liability Company

## **Ownership**

#### Individual Owners

NAME	CITY	STATE	ZIP	POSITION	% OF OWNERSHIP	U.S. CITIZEN
Joshua Sundstrom	Olin	lowa	52320	Owner	20.00	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