

## **Applicant**

NAME OF LEGAL ENTITY NAME OF BUSINESS (DBA) BUSINESS

DEL RIO, INC. DEL RIO (319) 334-7001

ADDRESS OF PREMISES PREMISES SUITE/APT NUMBER CITY COUNTY ZIP

323 1ST ST E Independence Buchanan 50644

MAILING ADDRESS CITY STATE ZIP

323 1ST ST E Independence Iowa 50644

### **Contact Person**

NAME PHONE EMAIL

SAN JUANA RAMIREZ (515) 360-9298 richard@taxmex.com

### **License Information**

LICENSE NUMBER LICENSE/PERMIT TYPE TERM STATUS

LC0037747 Class C Retail Alcohol License 12 Month Submitted

to Local Authority

TENTATIVE EFFECTIVE DATE TENTATIVE EXPIRATION DATE LAST DAY OF BUSINESS

June 15, 2024 June 14, 2025

SUB-PERMITS

Class C Retail Alcohol License



## **Status of Business**

**BUSINESS TYPE** 

Corporation

## **Ownership**

#### Individual Owners

NAME	CITY	STATE	ZIP	POSITION	% OF OWNERSHIP	U.S. CITIZEN
SANJUANA RAMIREZ	URBANDALE	Iowa	50310	VICE PRESIDENT	100.00	Yes
Richard Arthur	Solon	Iowa	52333			

# **Insurance Company Information**

INSURANCE COMPANY	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE
Illinois Casualty Co	June 15, 2024	June 14, 2025
DRAM CANCEL DATE	OUTDOOR SERVICE EFFECTIVE DATE	OUTDOOR SERVICE EXPIRATION DATE
BOND EFFECTIVE DATE	TEMP TRANSFER EFFECTIVE	TEMP TRANSFER EXPIRATION