

# **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 Street East 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, 2025 June 14, 2026

SUB-PERMITS

Class C Retail Alcohol License



### **Status of Business**

**BUSINESS TYPE** 

Corporation

### **Ownership**

No Ownership information found

# **Insurance Company Information**

INSURANCE COMPANY	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE
Illinois Casualty Co	June 15, 2025	June 15, 2026
DRAM CANCEL DATE	OUTDOOR SERVICE EFFECTIVE DATE	OUTDOOR SERVICE EXPIRATION DATE
BOND EFFECTIVE DATE	TEMP TRANSFER EFFECTIVE DATE	TEMP TRANSFER EXPIRATION DATE