

State of Iowa

Alcoholic Beverages Division

Applicant

NAME OF LEGAL ENTITY	NAME OF BUSINESS(DE	3A)	BUSINESS		
ADDRESS OF PREMISES	PREMISES SUITE/APT N	UMBER	CITY	COUNTY	ZIP
315 1st Street East			Independence	Buchanan	50644
MAILING ADDRESS	CITY	STATE	ZIP		
PO BOX 24 201 ALICE STREET	AURORA	Iowa	50607	0024	

Contact Person

NAME	PHONE	EMAIL
CHRISTINA PILLARD	3199816130	indeecafellc@gmail.com

License Information

LICENSE NUMBER	LICENSE/PERMIT TYPE	TERM	STATUS
LC0049263	Class C Retail Alcohol License	12 Month	Submitted to Local Authority
TENTATIVE EFFECTIVE DATE Jan 23, 2024	TENTATIVE EXPIRATION DAT Jan 22, 2025	E LAST DAY OF BUSINESS	

SUB-PERMITS

Class C Retail Alcohol License





Alcoholic Beverages Division

PRIVILEGES

Outdoor Service

Status of Business

BUSINESS TYPE

Limited Liability Company

Ownership

Individual Owners

NAME	CITY	STATE	ZIP	POSITION	% OF OWNERSHIP	U.S. CITIZEN
CHRISTINA PILLARD	AURORA	lowa	506077701	owner	50.00	Yes
SHAWN CONAWAY	INDEPENDENCE	lowa	506442067	Owner	50.00	Yes

Insurance Company Information

INSURANCE COMPANY	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE
Farm Bureau Mutual Insurance Co	Nov 29, 2023	Nov 29, 2024
DRAM CANCEL DATE	OUTDOOR SERVICE EFFECTIVE DATE	OUTDOOR SERVICE EXPIRATION DATE
BOND EFFECTIVE DATE	TEMP TRANSFER EFFECTIVE DATE	TEMP TRANSFER EXPIRATION DATE