

## **Applicant**

NAME OF LEGAL ENTITY NAME OF BUSINESS(DBA) **BUSINESS** 

City of Independence River'sEDGE Sport & Fitness (319) 334-2606

ADDRESS OF PREMISES PREMISES SUITE/APT NUMBER CITY COUNTY ZIP

206 2nd ave SW Independence Buchanan 50644

MAILING ADDRESS CITY ZIP STATE

1305 5th Avenue Northeast Independence Iowa 50644

#### **Contact Person**

NAME PHONE **EMAIL** 

(319) 215-5832 **Bob Beatty** bobiprd@independenceia.org

### **License Information**

LICENSE/PERMIT TYPE TERM LICENSE NUMBER **STATUS** 

BW0097254 Special Class C Retail Alcohol 12 Month Submitted License

to Local

Authority

TENTATIVE EFFECTIVE DATE TENTATIVE EXPIRATION DATE LAST DAY OF BUSINESS

Feb 2, 2025 Feb 1, 2026

SUB-PERMITS

Special Class C Retail Alcohol License



### **Status of Business**

**BUSINESS TYPE** 

Municipality

## **Ownership**

#### Individual Owners

NAME	CITY	STATE	ZIP	POSITION	% OF OWNERSHIP	U.S. CITIZEN
Robert Beatty	Independence	Iowa	50644	Director	0.00	Yes

# **Insurance Company Information**

INSURANCE COMPANY	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE
Iowa Communities Assurance Pool	Feb 2, 2025	Feb 1, 2026
DRAM CANCEL DATE	OUTDOOR SERVICE EFFECTIVE DATE	OUTDOOR SERVICE EXPIRATION DATE
BOND EFFECTIVE DATE	TEMP TRANSFER EFFECTIVE DATE	TEMP TRANSFER EXPIRATION DATE