

Applicant

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

PMA NORTH CEDAR LLC THE SPOT SMOKE SHOP

ADDRESS OF PREMISES PREMISES SUITE/APT CITY COUNTY ZIP

NUMBER

112 2ND AVE SW INDEPENDENCE BUCHANAN 50644 BLDG 01

CITY ZIP

2728 CENTER ST **CEDAR FALLS** Iowa 506131074

Contact Person

MAILING ADDRESS

NAME **PHONE EMAIL**

ABDUL AWAN 3192389810 abdulrehmanawan902@gmail.com

License Information

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

> Class E Retail Alcohol License 12 Month Submitted

STATE

to Local Authority

TENTATIVE EFFECTIVE DATE TENTATIVE EXPIRATION DATE LAST DAY OF BUSINESS

Feb 1, 2024 Jan 31, 2025

SUB-PERMITS

Class E Retail Alcohol License



Status of Business

BUSINESS TYPE

Limited Liability Company

Ownership

Individual Owners

NAME	CITY	STATE	ZIP	POSITION	% OF OWNERSHIP	U.S. CITIZEN
Abdul Awan	CEDAR FALLS	Iowa	506135791	Owner	100.00	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