

(App-186445)

License or Permit Type

License or Permit Type

Length of License Requested

Special Class C Retail Alcohol License

5 Day

Tentative Effective Date

Tentative Expiration Date

2023-08-20

2023-08-24

Privileges / Sub-Permits Information

Privileges

Outdoor Service

Sub-Permits

Please provide a description of the area you intend to use for the Outdoor Service Privilege and explain its relationship to the currently-licensed premises

parking lot

Premises Information

Business Information

*** (required) Name of Legal Entity (The name of the individual, partnership, corporation or other similar legal entity that is receiving the income from the alcoholic beverages sold)**

TOP OF IOWA LUCKY WIFE, LLC

*** (required) Name of Business (D/B/A)**

Top of Iowa Lucky Wife

Indicate how the business will be operated

Limited Liability Company

*** (required) Federal Employer ID #**

88-4050457

*** (required) Business Number of Secretary of State**

723878

Tentative Expiration Date

Aug 24, 2023

Premises Information

Please select here if your location is in an unincorporated town

Address of Premises:

You must use the Address or location field below to search for your operating location. If your event does not populate, please find the closest applicable address and then modify your premises street field to better identify the address of your event.

Address or location

900 2nd Avenue Southeast, Oelwein, Iowa, Fayette

Search by a location name or address to automatically populate the address fields below (optional)

*** (required) Premises Street**

900 2nd Avenue Southeast

Premises Suite/Apt Number

*** (required) Premises City**

Oelwein

Premises State

Iowa

*** (required) Premises Zip/Postal Code**

50662

Premises County

Fayette

*** (required) Local Authority**

City of Oelwein

Control of Premises

Other

*** (required) Control of Premises Other**

county museum

Is the capacity of your establishment over 200?

Yes

Equipped with tables and seats to accommodate a minimum of 25?

Yes

*** (required) # of Floors:**

1

Is your premises equipped with at least one adequate, conveniently located indoor or outdoor toilet facility for use by patrons?

Yes

Premises Type

Special Event

Does your premises conform to all local and state health, fire and building laws and regulation?

Yes

Contact Information

* (required) Contact Name

Barry Boland

* (required) Business

(required) Extension

(515) 320-1091

* (required) Email Address

topofiowaluckywife@gmail.com

* (required) Phone

(required) Extension

(515) 320-1091

Same as Premises Address

Mailing Address:

You must use the Address or location field below to search for your operating location. If your event does not populate, please find the closest applicable address and then modify your premises street field to better identify the address of your event.

Address or location

303 2nd Street South, Swea City, Iowa, Kossuth

Search by a location name or address to automatically populate the address fields below (optional)

Mailing Street

303 2nd Street South

Mailing Suite/Apt Number

Mailing City

Swea City

Mailing State

Iowa

Mailing Zip/Postal Code

50590

Mailing County

Kossuth

Ownership

Teri Boland

Position: owner

SSN: XXX-XX-1439

US Citizen: Yes

Ownership: 100%

DOB: 07/28/1969

Criminal History Information

Has anyone listed on the Ownership page been charged or convicted of a felony offense in Iowa or any other state of the United States?

No

Has anyone listed on the Ownership page been convicted of any violation of any state, county, city, federal or foreign law (not including traffic violations, except those that are alcohol related)?

No

Dramshop Verification Information

Dram Shop

Founders Insurance Company

Local Authority Information

Outdoor Service Area Approved / Denied

Outdoor Service Area Approved

Extension

*** (required) Daytime Phone for**

Local Authority

(319) 283-5440

Sketch on File

Yes

Proof of Control of Property (Deed / Final Sales

Contract / Lease / Written Agreement)

****Purchase agreements not accepted**

Yes

Premise's Address Correct?

Yes

Premises Zoned Properly?

Yes

Fire Inspection Completed?

No

Health Inspection Completed?

No

Was a DCI background check run?

No

Previous License Number for this Location

*** (required) Local Authority Email Address**

deputyclerk@cityofelweil.org

Comments

Amount Owed to Local Authority

28.13

Document Upload Information

DOCUMENT NAME

Proof of Control of Property (Deed / Final Sales Contract / Lease / Written Agreement)

**Purchase agreements not accepted

UPLOADED DOCUMENTS

ADDITIONAL COMMENTS

DOCUMENT NAME

Sketch

UPLOADED DOCUMENTS

20230807132944

ADDITIONAL COMMENTS