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<https://www.iowa.gov/search/google?ia_slv=1649971477599>

License or Permit Type

License or Permit Type

Class B Beer Permit

Length of License Requested

5 Day

Tentative Effective Date

2022-06-02

Tentative Expiration Date

2022-06-06

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

Will be selling at City park during our town celebration

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)**

Oelwein Celebrations renewed

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

Oelwein Celebrations Renewed,INC

Indicate how the business will be operated

Non-Profit Association

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

46-1891534

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

31220

Tentative Expiration Date

Jun 6, 2022

Premises Information

☐ Please select here if your location is in an unincorporated town

Address of Premises:

Address or location

988 1st Avenue Southwest,Oelwein,Iowa,IA

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

*** (required) Premises Street**

988 1st Avenue Southwest

Premises Suite/Apt Number

*** (required) Premises City**

Oelwein

Premises State

Iowa

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

50662

Premises County

IA

*** (required) Local Authority**
City of Oelwein

Control of Premises

Other

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

Oelwein celebrations renewed

Is the capacity of your establishment over 200?

Yes

Are other liquor, wine or beer businesses accessible from the interior of your premises?

No

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

Yes

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

0

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

Debra Ameling

* (required) Business

(required) Extension

on

(319) 283-8860

* (required) Email Address

debraameling@hotmail.com

* (required) Phone

(required) Extension

on

(319) 283-8860

☐ Same as Premises Address

Mailing Address:

Address or location

988 1st Avenue Southwest, Oelwein, Iowa, Fayette

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

Mailing Street

988 1st Avenue Southwest

Mailing Suite/Apt Number

Mailing City

Oelwein

Mailing State

Iowa

Mailing Zip/Postal Code

50662

Mailing County

Fayette

Ownership

Kimberly Pont

Position: Chair

SSN: XXX-XX-6315

US Citizen: Yes

Ownership: 50%

DOB: 10/07/1970

debra ameling

Position: Treasurer

SSN: XXX-XX-9746

US Citizen: Yes

Ownership: 50%

DOB: 03/16/1958

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

West Bend Mutual 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

**Lease, Final Sales Contract, or Warranty Deed
on File (Purchase agreements not accepted)**

No

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@cityofelwein.org

Comments

Amount Owed to Local Authority

25.00

Document Upload Information

DOCUMENT NAME

Deed/Final Sales Contract or Lease

UPLOADED DOCUMENTS

ADDITIONAL COMMENTS

DOCUMENT NAME

Sketch

UPLOADED DOCUMENTS

ADDITIONAL COMMENTS