# Ownership Updates Application (App-213692) For (LC0026687)

License or Permit Type		
License or Permit Type Class C Retail Alcohol License	Length of License Requested	
Tentative Effective Date	Tentative Expiration Date	
2024-10-01	2025-09-30	

Privileges / Sub-Permits Information	
Privileges	
Sub-Permits	

**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)

Ross Reid Post #9 Of The American LegionDepar

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

American Legion Ross Reid Post #9

Indicate how the business will be operated

\* (required) Federal Employer ID #

Corporation

42-0487642

\* (required) Business Number of Secretary of State

62451

## **Premises Information**

### 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

108 1st Street SW,Oelwein,Iowa,Fayette

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

#### \* (required) Premises Street

#### Premises Suite/Apt Number

108 1st Street SW

Oelwein

#### \* (required) Premises City

**Premises State** 

lowa

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

50662-0000

\* (required)Local Authority (Select the Local Authority which has jurisdiction over the premises where operations will be conducted) City of Oelwein

#### Is the capacity of your establishment over 200?

Yes

#### **Premises County**

Fayette

#### **Control of Premises**

Own

#### Are other liquor, wine or beer businesses accessi-

#### ble from the interior of your premises?

No

1

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

minimum of 25?

Yes

Is your premises equipped with at least one ade-

Equipped with tables and seats to accommodate a

quate, conveniently located indoor or outdoor toi-

let facility for use by patrons?

Yes

Does your premises conform to all local and state

health, fire and building laws and regulation?

Yes

# **Contact Information**

#### **Premises Type**

Veterans Organization

	*	* (required) Business
Russ Turner	(required) Exten	s Phone
)	ion	(319) 283-2964
(required) Email Address	*	* (required) Phone
ossreidlounge@gmail.com	(required) Exten	s (319) 283-2964
	ion	
<b>Mailing Address:</b> You must use the Address or location field bel event does not populate, please find the close premises street field to better identify the addr	est applicable addre	
Address or location		
Address or location 108 1st Street SW,Oelwein,Iowa,	Fayette	
	•	e address fields below (optiona
108 1st Street SW,Oelwein,Iowa,	•	
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108 1st Street SW,Oelwein,Iowa, Search by a location name or address to autom Mailing Street	atically populate the	

Mailing Zip/Postal Code

**Mailing County** 

50662-0000

Fayette

# Ownership

Lance Hemel Position: Commander SSN: XXX-XX-3122 US Citizen: Yes Ownership: 0% DOB: 07/19/1958

Donald Blitsch Position: Director SSN: XXX-XX-8413 US Citizen: Yes Ownership: 0% DOB: 10/13/1947

# **Criminal History Information**

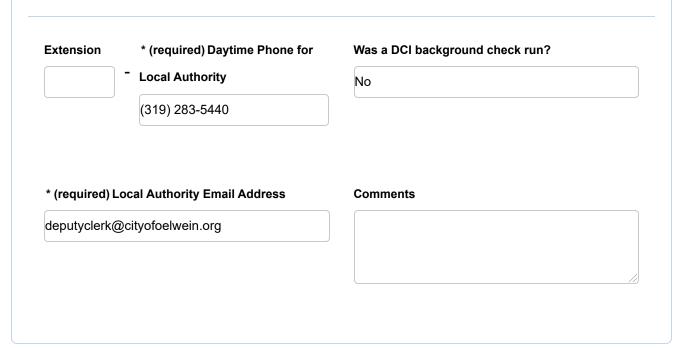
Has anyone listed on the Ownership page been charged or convicted of a felony offense in Iowa or any other state of the United States? NO Has anyone listed on the Ownership page been convicted of any violation of any state, county, city, federal or foreign law (not including traffic violations, except those that are alcohol related)? NO

Dramshop Verification Information

Dram Shop

Nationwide Mutual Insurance Co.

# Local Authority Information



# DOCUMENT NAME Sketch UPLOADED DOCUMENTS ADDITIONAL COMMENTS DOCUMENT NAME Proof of Control of Property ( Deed / Final Sales Contract / Lease / Written Agreement ) \*\*Purchase agreements not accepted UPLOADED DOCUMENTS ADDITIONAL COMMENTS