(App-194550)

License or Permit Type

License or Permit Type

Special Class C Retail Alcohol License

Length of License Requested

8 Month

Tentative Effective Date

2024-04-01

Tentative Expiration Date

2024-12-01

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)

OELWEIN CHAMBER AND AREA DEVELOPMEN

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

OCAD

Indicate how the business will be operated

Nonprofit entity which has a principal office in the

* (required) Federal Employer ID #

42-1295227

* (required) Business Number of Secretary of State

114620

Tentative Expiration Date

Dec 1, 2024

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

25 West Charles Street,Oelwein,Iowa,IA

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

* (required) Premises Street

25 West Charles Street

Premises Suite/Apt Number

* (required) Premises City

Oelwein

Premises State

Iowa

* (required) Premises Zip/Postal Code

50662

Premises County

IA

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

Control of Premises

Other

* (required) Control of Premises Other

Owned by the City of Oelwein, but used with their permission.

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

Other

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

Yes

Contact Information

* (required) Contact Name

Deb Howard

***
(required) Extension** *** (required) Business Phone**

(319) 283-1105

* (required) Email Address

ocad@oelwein.com

***
(required) Extension** *** (required) Phone**

(319) 283-1105

☐ **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

6 South Frederick Avenue,Oelwein,Iowa,Fayette

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

Mailing Street

6 South Frederick Avenue

Mailing Suite/Apt Number

Mailing City

Oelwein

Mailing State

Iowa

Mailing Zip/Postal Code	Mailing County
50662	Fayette

Ownership

Debra Howard

Position: Executive Director

SSN: XXX-XX-3183

US Citizen: Yes

Ownership: 0%

DOB: 12/17/1958

Oelwein Chamber and Area Development

Company Federal ID :

42-1295227

Ownership : 100%

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

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@cityofoelwein.org]

Comments

Amount Owed to Local Authority

112.50

Document Upload Information

DOCUMENT NAME

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

**Purchase agreements not accepted

UPLOADED DOCUMENTS

letter from City

ADDITIONAL COMMENTS

DOCUMENT NAME

Sketch

UPLOADED DOCUMENTS

Depot Park Map 2

ADDITIONAL COMMENTS