

(App-200615)

License or Permit Type

License or Permit Type

Length of License Requested

Class F Retail Alcohol License

5 Day

Tentative Effective Date

Tentative Expiration Date

2024-05-31

2024-06-04

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 CELEBRATIONS RENEWED, INC.

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

Oelwein Celebrations

Indicate how the business will be operated

Nonprofit entity which has a principal office in the

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

46-1891534

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

450942

Tentative Expiration Date

Jun 4, 2024

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

25 West Charles Street,Oelwein,Iowa,Fayette

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

Fayette

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

City of Oelwein

Control of Premises

Own

Is the capacity of your establishment over 200?

Yes

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

Other

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

Yes

Is your club a post, branch, or chapter of a veterans organization chartered by the Congress of the United States that does not sell or permit the consumption of alcoholic beverages on the premises no more than one day in any week or more than a total of fifty-two days in a year? If no, please answer the remaining questions.

Is your club a non-profit corporation or association of individuals who own, lease or occupy a permanent building whose members pay regular dues and is not operated for a profit other than such profits as would accrue to the entire membership?

Yes

No

*** (required) If yes, how many dues paying members do you have?**

8

Contact Information

*** (required) Contact Name**

Kimberly Pont

*** (required) Business**

(required) Extension

(319) 283-0473

*** (required) Email Address**

kkp50662@gmail.com

*** (required) Phone**

(required) Extension

(319) 283-0473

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

PO Box 44, Oelwein, Iowa, Fayette

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

Mailing Street

PO Box 44

Mailing Suite/Apt Number

Mailing City

Oelwein

Mailing State

Iowa

Mailing Zip/Postal Code

50662

Mailing County

Fayette

Ownership

Kimberly Pont

Position: Chairperson

SSN: XXX-XX-6315

US Citizen: Yes

Ownership: 10%

DOB: 10/07/1970

Oelwein

Celebrations

Renewed, Inc.

Company Federal ID :

46-1891534

Ownership : 90%

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 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@cityofelwein.org

Comments

Amount Owed to Local Authority

Document Upload Information

DOCUMENT NAME

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

**Purchase agreements not accepted

UPLOADED DOCUMENTS

Oelwein Celebrations Inc. Depot Park Permission

ADDITIONAL COMMENTS

DOCUMENT NAME

Sketch

UPLOADED DOCUMENTS

Adobe Scan May 7, 2024

ADDITIONAL COMMENTS