

(App-226504)

License or Permit Type

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License or Permit Type	Length of License Requested
Special Class C Retail Alcohol License	12 Month

Tentative Effective Date	Tentative Expiration Date
2025-09-01	2026-08-31

Privileges / Sub-Permits Information

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Privileges

Sub-Permits

Premises Information

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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 AREA HISTORICAL SOCIETY

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

Oelwein Coliseum

**Indicate how the business will be operated**

Nonprofit corporation organized under chapter 50

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

42-1061661

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

61578

**Tentative Expiration Date**

Aug 31, 2026

## 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**

101 1st Street Southwest,Oelwein,Iowa,Fayette

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

**\* (required) Premises Street**

101 1st Street Southwest

**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**

Other

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

Board of Directors

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

Yes

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

Yes

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

2

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

Yes

**Premises Type**

Convention Center/Hall

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

Yes

Contact Information

\* (required) Contact Name

Lynda Payne

\* (required) Business

(required) Extēns Phone

ion

(319) 929-6925

\* (required) Email Address

oahs990@gmail.com

\* (required) Phone

(required) Extēns

ion

(319) 929-6925

☐ 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

900 2nd Avenue Southeast; PO Box 445,Oelwein,Iowa,Fayette

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

Mailing Street

900 2nd Avenue Southeast; PO Box 445

Mailing Suite/Apt Number

Mailing City

Oelwein

Mailing State

Iowa

Mailing Zip/Postal Code

50662

Mailing County

Fayette

Ownership

**Lynda Payne**

**Position:** Treasurer

**SSN:** XXX-XX-2939

**US Citizen:** Yes

**Ownership:** 0%

**DOB:** 09/23/1957

**Oelwein Area**

**Historical Society**

**Company Federal ID :**

42-1061661

**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@cityofelwein.org

Comments

Amount Owed to Local Authority

225.00

Document Upload Information

DOCUMENT NAME

Sketch

UPLOADED DOCUMENTS

**Floor Plan**

ADDITIONAL COMMENTS

Coliseum Floor Plan - address 101 1st St SW; Oelwein IA 50662

DOCUMENT NAME

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

**\*\*Purchase agreements not accepted**

UPLOADED DOCUMENTS

**Warranty Deed for Coliseum**

ADDITIONAL COMMENTS

Oelwein Coliseum is part of the Oelwein Area Historical Society