

# Premises Updates Application (App-171047) For (LC0044614)

## License or Permit Type

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**License or Permit Type**

Class C Retail Alcohol License

**Length of License Requested**

12 Month

**Tentative Effective Date**

2022-07-01

**Tentative Expiration Date**

2023-06-30

## Privileges / Sub-Permits Information

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### 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

## Premises Information

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**Tentative Expiration Date**

Jun 30, 2023

**\* (required) Is this a permanent or temporary change?**

Permanent

**\* (required) Start Date**

Dec 23, 2022

**\* (required) End Date**

**\* (required) Please describe how the premises is changing**

CHANGING ADDRESS

**\* (required) Does this premises update change the address for the premises?**

Yes

### 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 South Frederick Avenue,Oelwein,Iowa,Fayette

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

**\* (required) Premises Street**

101 South Frederick Avenue

**Premises Suite/Apt Number**

**\* (required) Premises City**

**Premises State**

Oelwein

Iowa

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

50662

**Premises County**

Fayette

## Ownership

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## Criminal History Information

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**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

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**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

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Dram Shop

Illinois Casualty Co

## Local Authority Information

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**Extension**

**\* (required) Daytime Phone for**

- **Local Authority**

(319) 283-5440

**Sketch on File**

Yes

**\* (required) Local Authority Email Address**

deputyclerk@cityofelwein.org

**Comments**

## Document Upload Information

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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