

(App-184229)

License or Permit Type

License or Permit Type

Length of License Requested

Class E Retail Alcohol License

12 Month

Tentative Effective Date

Tentative Expiration Date

2023-08-01

2024-07-31

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)**

801 CHARLES INC

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

Oelwein Mart

Indicate how the business will be operated

Corporation

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

88-2338136

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

712294

Tentative Expiration Date

Jul 31, 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

801 East Charles Street,Oelwein,Iowa,Fayette

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

*** (required) Premises Street**

801 East 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**

City of Oelwein

Control of Premises

lease

Premises Type

Convenience Store

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

Yes

Does or will your licensed location wholesale alcoholic beverages to on-premises retail alcohol licensees?

No

*** (required) The total square footage of the entire retail sales area plus any alcoholic beverage storage areas of the business. This includes areas of walk-in alcoholic beverage coolers that are accessible to the public.**

1,500

Hours of Operation: Beginning

6:00 AM

Hours of Operation: Ending

2:00 AM

Hours deliveries may be received: Beginning

6:00 AM

Hours deliveries may be received: Ending

2:00 AM

Are the hours of deliveries flexible?

Yes

Contact Information

* (required) Contact Name

Rab Nawaz

* (required) Business

(required) Extension

(917) 753-9930

* (required) Email Address

oelweinmart801@gmail.com

* (required) Phone

(required) Extension

(917) 753-9930

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

801 East Charles Street,Oelwein,Iowa,Fayette

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

Mailing Street

801 East Charles Street

Mailing Suite/Apt Number

Mailing City

Mailing State

Oelwein

Iowa

Mailing Zip/Postal Code

50662

Mailing County

Fayette

Ownership

rab nawaz

Position: owner

SSN: XXX-XX-7065

US Citizen: Yes

Ownership: 100%

DOB: 09/07/1993

Criminal History Information

Since the license was last issued, 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

Since the license was last issued, 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

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

0.00

Document Upload Information

DOCUMENT NAME

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

**Purchase agreements not accepted

UPLOADED DOCUMENTS

ADDITIONAL COMMENTS

DOCUMENT NAME

Sketch

UPLOADED DOCUMENTS

store sketch.jpg

ADDITIONAL COMMENTS