

(App-204154)

License or Permit Type

License or Permit Type

Special Class C Retail Native Wine
License

Length of License Requested

12 Month

Tentative Effective Date

2024-08-01

Tentative Expiration Date

2025-07-31

Privileges / Sub-Permits Information

Privileges

Living Quarters

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)**

REIMAGINED, LLC

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

Reimagined, LLC

Indicate how the business will be operated

Limited Liability Company

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

92-3255523

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

713665

Tentative Expiration Date

Jul 31, 2025

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 South Frederick Avenue, Oelwein, Iowa, Fayette

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

*** (required) Premises Street**

25 South Frederick Avenue

Premises Suite/Apt Number

Lower

*** (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?

No

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

Museum/Arts Center

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

Yes

Contact Information

*** (required) Contact Name**

Sharon Schemmel

*** (required) Business**

(required) Extēns Phone

ion

(563) 690-8463

*** (required) Email Address**

schemmteam@gmail.com

*

*** (required) Phone**

(required) Extension (563) 690-8473

ion

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

25 South Frederick Avenue, Oelwein, Iowa, Fayette

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

Mailing Street

25 South Frederick Avenue

Mailing Suite/Apt Number

Lower

Mailing City

Oelwein

Mailing State

Iowa

Mailing Zip/Postal Code

50662

Mailing County

Fayette

Ownership

Sharon Schemmel

Position: Manager

SSN: XXX-XX-9682

US Citizen: Yes

Ownership: 51%

DOB: 12/16/1971

Paul Schemmel

Position: Member

SSN: XXX-XX-1853

US Citizen: Yes

Ownership: 49%

DOB: 12/09/1970

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

Illinois Casualty Co

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

warrantydeed

ADDITIONAL COMMENTS

DOCUMENT NAME

Sketch

UPLOADED DOCUMENTS

Sketch of building for license

ADDITIONAL COMMENTS