# (App-187773)

License or Permit Type

License or Permit Type Class C Retail Alcohol License Length of License Requested

12 Month

**Tentative Effective Date** 

2023-10-25

**Tentative Expiration Date** 

2024-10-24

Privileges / Sub-Permits Information

Privileges

**Sub-Permits** 

**Premises Information** 

**Business Information** 

* (required) Name of Legal Entity (The name of the	* (required) Name of Business (D/B/A)
individual, partnership, corporation or other similar	VIPER LANES DBA PJ's Bar & Grill
legal entity that is receiving the income from the al-	
coholic beverages sold)	
VIPER LANES, L.L.C.	
Indicate how the business will be operated	* (required) Federal Employer ID #
Limited Liability Company	27-0173582
* (required) Business Number of Secretary of State	Tentative Expiration Date
380075	Oct 24, 2024
* (required) Business Number of Secretary of State 380075	Tentative Expiration Date Oct 24, 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

## 100 West Charles Street, Oelwein, Iowa, Fayette

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

## \* (required) Premises Street

Premises Suite/Apt Number

100 West Charles Street

* (required) Premises City	Premises State
Oelwein	lowa
* (required) Premises Zip/Postal Code	Premises County
50662	Fayette
* (required)Local Authority	Control of Premises
City of Oelwein	Own
Is the capacity of your establishment over 200?	Equipped with tables and seats to accommodate a
No	minimum of 25?
	Yes
* (required) # of Floors:	Is your premises equipped with at least one ade-
1	quate, conveniently located indoor or outdoor toile facility for use by patrons?
	Yes
Premises Type	Does your premises conform to all local and state
Bowling Alley	health, fire and building laws and regulation?
	Yes
Contact Information	
* (required) Contact Name	* * (required) Business
DEAN HENDRICKS	(required) Extensi <b>8h</b> one
	(319) 238-8352

(required) Email Address	* * (required) Phone
perlanes@gmail.com	(required) Extension 608-9699
Same as Premises Address	
lailing Address:	
You must use the Address or location field	ld below to search for your operating location. If your
	closest applicable address and then modify your
premises street field to better identify the	
premises sireer held to beller identity the	e address of your event.
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100 West Charles Street,Oelv         Search by a location name or address to a         Mailing Street         100 West Charles Street         Mailing City         Oelwein	Mailing Suite/Apt Number Mailing State lowa
100 West Charles Street,Oelv Search by a location name or address to a Mailing Street 100 West Charles Street Mailing City	Mailing Suite/Apt Number

# Ownership

## **Dean Hendricks**

Position: Sole Member SSN: XXX-XX-6297 US Citizen: Yes Ownership: 100% DOB: 09/01/1961

# **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

## Proof of Control of Property (Deed / Final Sales

Contract / Lease / Written Agreement )

\*\*Purchase agreements not accepted

Yes

#### **Premises Zoned Properly?**

Yes

#### **Health Inspection Completed?**

No

## Was a DCI background check run?

No

## \* (required) Local Authority Email Address

deputyclerk@cityofoelwein.org

#### Comments

#### Amount Owed to Local Authority

585.00

## **Sketch on File**

Yes

#### **Premise's Address Correct?**

Yes

Fire Inspection Completed?

No

**Previous License Number for this Location** 

# 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

ADDITIONAL COMMENTS