

(App-212349)

License or Permit Type

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**License or Permit Type**

**Length of License Requested**

Class C Retail Alcohol License

12 Month

**Tentative Effective Date**

**Tentative Expiration Date**

2025-02-01

2026-01-31

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)**

PMA NORTH CEDAR LLC

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

THE SPOT #7

**Indicate how the business will be operated**

Limited Liability Company

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

93-2090894

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

751356

**Tentative Expiration Date**

Jan 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**

821 S FREDERICK AVE, OELWEIN, Iowa, FAYETTE

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

**\* (required) Premises Street**

821 S FREDERICK AVE

**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**

lease

**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**

Bar/Tavern

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

Yes

**Contact Information**

**\* (required) Contact Name**

ABDUL AWAN

**\* (required) Business**

**(required) Extens**

**ion**

**\* (required) Email Address**

abdulrehmanawan902@gmail.com

**\* (required) Phone**

**(required) Extens**

**ion**

(319) 238-9810

**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**

4215 DAINA DR,CEDAR FALLS,Iowa,Black Hawk

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

**Mailing Street**

4215 DAINA DR

**Mailing Suite/Apt Number**

**Mailing City**

CEDAR FALLS

**Mailing State**

Iowa

**Mailing Zip/Postal Code**

**Mailing County**

506135791

Black Hawk

## Ownership

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**Abdul Awan**

**Position:** Owner

**SSN:** XXX-XX-4365

**US Citizen:** Yes

**Ownership:** 100%

**DOB:** 10/04/2001

## 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

**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

Kinsale Insurance

## 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@cityofelweil.org

**Comments**

**Amount Owed to Local Authority**

585.00

## Document Upload Information

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DOCUMENT NAME

Sketch

UPLOADED DOCUMENTS

**7112141\_Sketch**

ADDITIONAL COMMENTS

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DOCUMENT NAME

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

\*\*Purchase agreements not accepted

UPLOADED DOCUMENTS

**7112141\_Lease Agreement**

ADDITIONAL COMMENTS