(App-201195)

License or Permit Type

License or Permit Type

Class C Retail Alcohol License

Length of License Requested

12 Month

Tentative Effective Date

2024-07-01

Tentative Expiration Date

2025-06-30

Privileges / Sub-Permits Information

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

Patio

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)

HACIENDA DEL RIO, INC

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

HACIENDA DEL RIO

Indicate how the business will be operated

Corporation

* (required) Federal Employer ID #

83-0793221

* (required) Business Number of Secretary of State

573237

Tentative Expiration Date

Jun 30, 2025

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

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

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?

Yes

Equipped with tables and seats to accommodate a minimum of 25?

Yes

Is your premises equipped with at least one adequate, conveniently located indoor or outdoor toilet facility for use by patrons?

Yes

Premises Type

Restaurant

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

Yes

Contact Information

* (required) Contact Name

RICHARD ARTHUR

* (required) Extension

* (required) Business Phone

(515) 783-4014

* (required) Email Address

richard@taxmex.com

* (required) Extension

* (required) Phone

(319) 339-4200

☐ **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

1930 S GILBERT ST PO BOX 387,IOWA CITY,Iowa,

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

Mailing Street

1930 S GILBERT ST PO BOX 387

Mailing Suite/Apt Number

Mailing City

IOWA CITY

Mailing State

Iowa

Mailing Zip/Postal Code

52244

Mailing County

Ownership

SANJUANA
RAMIREZ

Position: PRESIDENT

SSN: XXX-XX-9622

US Citizen: Yes

Ownership: 100%

DOB: 09/15/1985

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

Dramshop Verification Information

Dram Shop

Illinois Casualty Co

Local Authority Information

Outdoor Service Area Approved / Denied

Outdoor Service Area Approved

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@cityofoelwein.org

Comments

Amount Owed to Local Authority

585.00

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

ADDITIONAL COMMENTS