# (App-201442)

License or Permit Type

License or Permit Type

Length of License Requested

Class C Retail Alcohol License 12 Month

Tentative Effective Date Tentative Expiration Date

2024-07-08 2025-07-07

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

rooftop patio - 50 people max capacity

* (required) Name of Business (D/B/A)  Events on Frederick  * (required) Federal Employer ID #  87-2687887
* (required) Federal Employer ID #
* (required) Federal Employer ID #
87-2687887
Jul 7, 2025
w to search for your operating location. If your
t applicable address and then modify your
ss of your event.
t

* (required) Premises Street  137 South Frederick Avenue	Premises Suite/Apt Number
t (as anima d) Pasanina a Oita	Pararia a 0444
* (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? Yes	Equipped with tables and seats to accommodate a minimum of 25?  Yes
* (required)# of Floors:	Is your premises equipped with at least one adequate, conveniently located indoor or outdoor toilet facility for use by patrons?
Premises Type Other	Does your premises conform to all local and state health, fire and building laws and regulation?

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

	Yes
Contact Information	
(required) Contact Name	* * (required) Business
arah Lewis	(required) Extensi <b>8h</b> one
	(319) 415-8695
(required) Email Address	* * (required) Phone
lewis@bankoelwein.com	(required) Extensi (19) 415-8695
Same as Premises Address  Mailing Address:	
<b>Mailing Address:</b> You must use the Address or location field b	pelow to search for your operating location. If your sest applicable address and then modify your
<b>failing Address:</b> You must use the Address or location field b	sest applicable address and then modify your
Mailing Address:  You must use the Address or location field be event does not populate, please find the closes.	sest applicable address and then modify your
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You must use the Address or location field be event does not populate, please find the closeremises street field to better identify the address or location  6 South Frederick Avenue, Oelw Search by a location name or address to auto	sest applicable address and then modify your ldress of your event.  rein,lowa,Fayette  matically populate the address fields below (optional)

Mailing Zip/Postal Code	Mailing County
50662	Fayette
50662	Fayette

# Ownership

JAMES KULLMER Debra Howard

Position: SecretaryPosition: PresidentPosition: TreasurerSSN: XXX-XX-3172SSN: XXX-XX-3183SSN: XXX-XX-3170

**Sarah Lewis** 

 US Citizen: Yes
 US Citizen: Yes
 US Citizen: Yes

 Ownership: 0%
 Ownership: 0%
 Ownership: 0%

 DOB: 06/07/1968
 DOB: 12/17/1958
 DOB: 09/06/1979

Oelwein Event Corporation

Company Federal ID:

87-2687887

Ownership: 100%

### **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)?

### **Dramshop Verification Information**

Dram Shop

West Bend Insurance Company

### **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?	Premises Zoned Properly?
Yes	Yes
Fire Inspection Completed?	Health Inspection Completed?
No	No
Nas a DCI background check run?	Previous License Number for this Location
No	
* (required) Local Authority Email Address	Comments
deputyclerk@cityofoelwein.org	
Amount Owed to Local Authority	

# **Document Upload Information**

**DOCUMENT NAME** 

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

\*\*Purchase agreements not accepted

UPLOADED DOCUMENTS

**Warranty Deed - Lincoln Property** 

ADDITIONAL COMMENTS

DOCUMENT NAME

Sketch

UPLOADED DOCUMENTS

Floor Plan Upper

ADDITIONAL COMMENTS