

(App-199982)

## 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**

2024-06-01

2025-05-31

## 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**

Deck attached to the upstairs Lounge.

## 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)**

Leo's Italian Restaurant, Inc.

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

Leo's Italian Restaurant

**Indicate how the business will be operated**

Corporation

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

42-1499549

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

235759

**Tentative Expiration Date**

May 31, 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**

29 S. Frederick Ave., Oelwein, Iowa, Fayette

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

**\* (required) Premises Street**

29 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**

Own

**Is the capacity of your establishment over 200?**

No

**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**

Michael Leo

**\* (required) Business**

**(required) Extension**

(319) 283-1655

**\* (required) Email Address**

leosfoods@gmail.com

**\* (required) Phone**

**(required) Extension**

(319) 283-7020

**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**

PO Box 468, Oelwein, Iowa, Fayette

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

**Mailing Street**

PO Box 468

**Mailing Suite/Apt Number**

**Mailing City**

Oelwein

**Mailing State**

Iowa

**Mailing Zip/Postal Code**

50662

**Mailing County**

Fayette

## Ownership

---

**Michael Leo**

**Position:** President

**SSN:** XXX-XX-0342

**US Citizen:** Yes

**Ownership:** 100%

**DOB:** 07/08/1960

## 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

North Star Mutual 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?**

Yes

**Premises Zoned Properly?**

Yes

**Fire Inspection Completed?**

No

**Health Inspection Completed?**

No

**Was a DCI background check run?**

**Previous License Number for this Location**

No

**\* (required) Local Authority Email Address**

deputyclerk@cityofelwein.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

**sketch.png**

ADDITIONAL COMMENTS