Applicant License Application (LC0036200

Name of Applicant: <u>Leo's Italian Restaurant, Inc.</u>

Name of Business (DBA): Leo's Italian Restaurant

Address of Premises: 29 S. Frederick Ave.

City Oelwein County: lowa Zip: 50662

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 Business
 (319) 283-1655

 Mailing
 PO Box 468

City Oelwein State IA Zip: 50662

Contact Person

Name Michael Leo

Phone: (319) 283-7020 Email leosfoods@gmail.com

Classification Class C Liquor License (LC) (Commercial)

Term: 12 months

Effective Date: <u>06/01/2020</u>

Expiration Date: <u>05/31/2021</u>

Privileges:

Class C Liquor License (LC) (Commercial)

Outdoor Service
Sunday Sales

Status of Business

BusinessType: Privately Held Corporation

Corporate ID Number: XXXXXXXXX Federal Employer ID XXXXXXXXXX

Ownership

Michael Leo

First Name: <u>Michael</u> Last Name: <u>Leo</u>

City: Oelwein State: lowa Zip: 50662

Position: President

% of Ownership: 100.00% U.S. Citizen: Yes

Insurance Company Information

Insurance Company: Allied Insurance

Policy Effective Date: 06/01/2020 Policy Expiration 06/01/2021

Bond Effective Dram Cancel Date:

Outdoor Service Effective Outdoor Service Expiration

Temp Transfer Effective Date Temp Transfer Expiration Date:

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