

(App-220427)

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
2025-06-01	2026-05-31

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, 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

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) Extēns Phone

ion

(319) 283-1655

*** (required) Email Address**

leosfoods@gmail.com

*** (required) Phone**

(required) Extēns (319) 283-7020

ion

☐ **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@cityofelweil.org

Comments

Amount Owed to Local Authority

585.00

Document Upload Information

DOCUMENT NAME

Sketch

UPLOADED DOCUMENTS

sketch.png

ADDITIONAL COMMENTS

DOCUMENT NAME

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

****Purchase agreements not accepted**

UPLOADED DOCUMENTS

ADDITIONAL COMMENTS