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## Ownership Updates Application (App-169320) For (BB0037433)

### License or Permit Type

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**License or Permit Type**

**Length of License Requested**

Class B Beer Permit

12 Month

**Tentative Effective Date**

**Tentative Expiration Date**

2021-12-01

2022-11-30

### Privileges / Sub-Permits Information

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**Privileges**

**Sub-Permits**

### Premises Information

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## 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)**

OELWEIN CHAMBER AND AREA DEVELOPMEI

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

Oelwein Chamber & Area Development

**Indicate how the business will be operated**

Privately Held Corporation

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

42-1295227

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

114620

## Premises Information

### 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**

25 W. Charles, Oelwein, Iowa, Fayette

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

**\* (required) Premises Street**

25 W. Charles

**Premises Suite/Apt Number**

**\* (required) Premises City**

Oelwein

**Premises State**

Iowa

**\* (required) Premises Zip/Postal Code**

50662

**Premises County**

Fayette

**\* (required) Local Authority**

City of Oelwein

**Control of Premises**

lease

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

Yes

**Are other liquor, wine or beer businesses accessible from the interior of your premises?**

No

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

Yes

**\* (required) # of Floors:**

1

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

Yes

**Premises Type**

Chamber of Commerce

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

Yes

## Contact Information

**\* (required) Contact Name**

Oelwein Chamber and Area Development

\*

**\* (required) Business**

**(required) Extension**

on

(319) 283-1105

**\* (required) Email Address**

ocad@oelwein.com

\*

**\* (required) Phone**

**(required) Extension**

(319) 283-1105

on

**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**

6 S. Frederick, Oelwein, Iowa, Fayette

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

**Mailing Street**

6 S. Frederick

**Mailing Suite/Apt Number**

**Mailing City**

Oelwein

**Mailing State**

Iowa

**Mailing Zip/Postal Code**

50662

**Mailing County**

Fayette

## Ownership

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### **Tracy Kerns**

**Position:** vice

president

**SSN:** XXX-XX-0584

**US Citizen:** Yes

**Ownership:** 0%

**DOB:** 05/20/1968

### **Debra Howard**

**Position:** Executive

Director

**SSN:** XXX-XX-3183

**US Citizen:** Yes

**Ownership:** 0%

**DOB:** 12/17/1958

### **Jon King**

**Position:** president

**SSN:** XXX-XX-8055

**US Citizen:** Yes

**Ownership:** 0%

**DOB:** 05/06/1973

## Criminal History Information

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**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)?**

No

## Dramshop Verification Information

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Dram Shop

Founders Insurance Company

## Local Authority Information

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Extension

\* (required) Daytime Phone for

- Local Authority

(319) 283-5440

Was a DCI background check run?

No

\* (required) Local Authority Email Address

deputyclerk@cityofelwein.org

Comments

## Document Upload Information

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DOCUMENT NAME

Sketch

UPLOADED DOCUMENTS

ADDITIONAL COMMENTS

DOCUMENT NAME

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

\*\*Purchase agreements not accepted

UPLOADED DOCUMENTS

ADDITIONAL COMMENTS