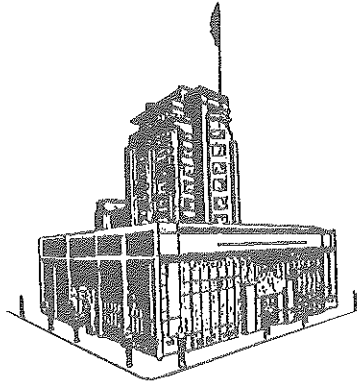


**Office Of The
AUDITOR/RECORDER
Of Woodbury County**

PATRICK F. GILL
Auditor/Recorder



Court House – Rooms 103
620 Douglas
Sioux City, Iowa 51101

Phone (712) 279-6702
Fax (712) 279-6629

#5

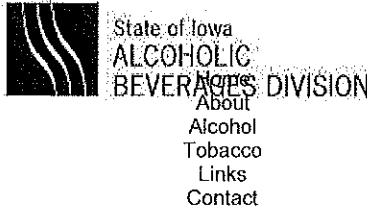
To: Board of Supervisors

From: Patrick F. Gill, Auditor & Recorder *PH*

Date: March 15, 2018

Subject: Liquor License Application for the Foot Wedge Lounge, Sloan, Iowa.

Please approve and receive for signature, an applicaton for a 8-month, Class C Liquor License (LC) (Commercial), with Outdoor Service and Sunday sales privileges, for the Foot Wedge Lounge, Sloan, Iowa. The license would be effective 04/07/18 through 11/07/18.



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Applicant License LC_V_77521, Foot Wedge Lounge, Sloan

After completion click on the NEXT link to continue to the next screen, or the BACK link to return to the previous screen.
The navigation links on the top may also be used to move around the application.

LENGTH OF LICENSE REQUESTED:
(Choose one of the following):

12 month

8 month

6 month

14 day

5 day

License Status: Submitted to Local Authority

Original issue date of license: MM/DD/YYYY

Issue date of current license: MM/DD/YYYY

License effective date: MM/DD/YYYY

License expiration date: MM/DD/YYYY

Number of days notice:

70 day notice:

Cancel date: MM/DD/YYYY

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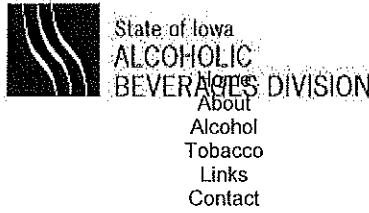


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Local 515.281.7400

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Privileges LC_V_77521, Foot Wedge Lounge, Sloan

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Select one or more of the privileges you wish to have for your Class C Liquor License (LC) (Commercial). If no privileges are applicable please leave all boxes unchecked and hit the next button.

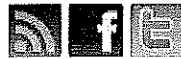
PRIVILEGES:

- Brew Pub
- Class B Native Wine Permit
- Class B Wine Permit (Carryout Wine - Includes Native Wine)
- Living Quarters
- Outdoor Service
- Sunday Sales

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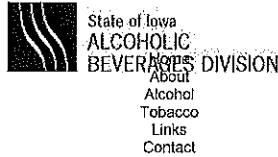


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Applicant **LC_V_77521, Foot Wedge Lounge, Sloan**

After completion click on the NEXT link to continue to the next screen, or the BACK link to return to the previous screen. The navigation links on the top may also be used to move around the application.

Corporation Name/Sole Proprietor Name/Partnership Name(s): (Sole Proprietorship, Partnership, Corporation, etc.)

Name of Business (D/B/A):

Address of Premise:

Address Line 2:

City:

County:

Zip:

Business Phone: Cell / Home Phone:

Same Address

Mailing Address:

Mailing Address Line 2:

City: State:

Zip:

Contact Name:

Phone: Email Address:

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Status of Business **LC_V_77521, Foot Wedge Lounge, Sloan**



After completion click on the NEXT link to continue to the next screen, or the BACK link to return to the previous screen.
 The navigation links on the top may also be used to move around the application.

Indicate how the business will be operated (Choose one of the following):

<input type="radio"/> Sole Proprietorship	<input type="radio"/> Publicly Traded Corporation
<input type="radio"/> General Partnership	<input type="radio"/> Limited Liability Company
<input type="radio"/> Limited Partnership	<input type="radio"/> Municipality
<input checked="" type="radio"/> Privately-Held Corporation	

Corporate ID Number: Federal Employer ID#:

Federal Employer ID Applied For:

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Ownership LC_V_77521, Foot Wedge Lounge, Sloan

After completion click on the NEXT link to continue to the next screen, or the BACK link to return to the previous screen.
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Corporate applicant's, list all shareholders having 10% or more interest in the corporation and all officers and directors of the corporation regardless of ownership interest. Sole Proprietors shall also include their spouse even if the spouse owns 0% interest. Non-profit corporations or associations need to list officers. Partnerships and Committees not registered with the Secretary of State office will need a trade name filing from their county recorder's office.

If you want to change ownership information at renewal time please finish the renewal with the current ownership listed. When you are finished please go to the Action List and submit an Ownership Update Application along with the license renewal.

Owners:

Name	Address	Percentage	
Jacob Goodin	1369 220th St, Sergeant Bluff, IA, 51054	0.00 %	View

1

First Name: Last Name:

Address:

Address Line 2:

City: State:

Zip:

Position: SS#: U.S. Citizen:

Date of Birth: % of Ownership:

Please make sure you press "Add" after each owner's information is listed above before pushing the next button.

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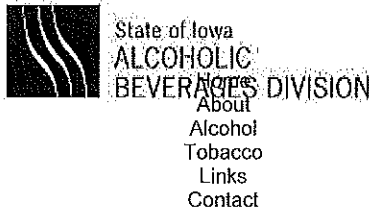


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Criminal History LC_V_77521, Foot Wedge Lounge, Sloan

After completion click on the NEXT link to continue to the next screen, or the BACK link to return to the previous screen.
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<input type="button" value="No"/>	Have you ever been convicted of a felony offense in Iowa or any other state of the United States? If yes, list on the next (Violations) screen.
<input type="button" value="No"/>	Have any of the owners listed in the ownership screen ever been charged, arrested, indicted, convicted or received a deferred judgment for any violation of any state, county, city, federal or foreign law? All information shall be reported regardless of the disposition, even if dismissed or expunged. Include pending charges. DO NOT include traffic violations, except those that are alcohol related. If yes, list violations on the next (Violations) screen.
<input type="button" value="None"/>	If no arrests, indictments, summons or convictions are applicable select "NONE".

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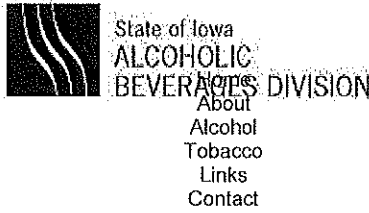


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Premises Information LC_V_77521, Foot Wedge Lounge, Sloan

After completion click on the NEXT link to continue to the next screen, or the BACK link to return to the previous screen.
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Control of premises:

Own

Lease

Other explain:

Submit a signed copy of the lease/rental agreement for the license period or signed final sales contract or warranty deed to your local authority.

Submit a sketch to the Local Authority on 8 1/2 x 11' white paper of the proposed premises showing all areas under the control or lease of the Applicant. Include all floors where alcoholic beverages will be sold, served, consumed and stored. Indicate all entrances and exits, location of bar, back bar, and bathrooms. Please provide a separate sketch for each floor. If Applicant has Outdoor Service Area Privilege, please include in the sketch it's relationship to the licensed premises.

Boat Applicants Only: Submit a sketch to the Local Authority on 8 1/2 x 11' white paper of the proposed premises showing all areas under the control or lease of the Applicant. Include all decks where alcoholic beverages will be sold, served, consumed and stored. Indicate all entrances and exits, location of bar, back bar, bathrooms and where licenses will be displayed. Please provide a separate sketch for each deck. A separate sketch is required for each boat.

Premises type:

Local Authority:

License City:

City Population: 973

License County: Woodbury

County Population: 102172

Dram Shop:

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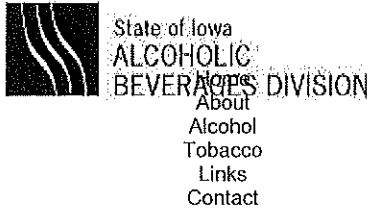
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General Premises Information **LC_V_77521,** **Foot Wedge Lounge, Sloan**

After completion click on the NEXT link to continue to the next screen, or the BACK link to return to the previous screen.
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of Bathrooms:
of Floors:

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

Are other liquor, wine or beer businesses accessible from the interior of your premises?
 Does your premises conform to all local and state health, fire and building laws and regulation?
 Is the capacity of your establishment over 200?
 Do you charge a cover charge?
 If yes, how often?

Infusing [click here for more information](#)

I will be mixing and storing mixed drinks, cocktails, or infusions prior to a customer placing an order for the beverage.
 I will mix, store, and dispense mixed drinks, cocktails or infusions which are not for immediate consumption in compliance with the requirements and restrictions provided in Iowa Code § 123.49(2)"d"(2) and 185 Iowa Administrative Code § 4.5.
 I understand that a failure to comply with applicable laws and rules will result in a fine, license suspension, and/or license revocation.
 Agree Disagree
 I will NOT be mixing and storing mixed drinks, cocktails, or infusions prior to a customer placing an order for the beverage.

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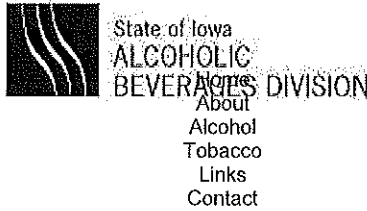


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Applicant Signature LC_V_77521, Foot Wedge Lounge, Sloan

Complete the information below and click Finish to complete the application
 Note that the license fees will only be withdrawn from accounts after the ABD approves the license.

This application must be completed by a person listed in the Ownership Section.

I hereby declare that all information contained in the Application is true and correct. I understand that misrepresentation of material facts in the Application is a crime and grounds for denial of the license or permit under Iowa law. I further understand that, as a condition of receiving a license, the licensed premises is subject to inspection during business hours by appropriate local, state and federal officials.

NOTE: The Applicant's Name must match one of the owner's names from the Ownership screen.

Owner's Signature: Date:

MM/DD/YYYY

Tentative effective date: MM/DD/YYYY

Licensees are required to submit a bi-annual report of shipment to Iowa consumers due January 10th and July 10th for the previous six months of shipment. This report can be found on the "Action List" under "Complete a Tax Report".

Amount to be transferred from your \$ 624.00 account:

Please notify your Financial Institution to allow ACH debits by our agency's ACH ID number, 142-6004553.

Funds will be pulled from your account 2 days after ABD approves the license. You are ready to submit the application for your license to sell alcoholic beverages in the State of Iowa. By providing the bank information requested and clicking on "finish" you are indicating that you are an owner or authorized user of the bank account listed and that you hereby authorize ABD to debit the account in the amount indicated above.

NAME	0123
ADDRESS	01-23456789
CITY, STATE, ZIP	DATE
PAY TO THE ORDER OF: _____ \$ <input type="text"/>	
COLLAPSE	
BANK NAME	
ADDRESS	
CITY, STATE, ZIP	
FINA	
<input type="text" value="0123456789"/> <input type="text" value="012345678901234"/> <input type="text" value="0123"/>	

Bank Routing Number
Bank Account Number
Check Number

Applicant's Bank Name:

Applicant's Bank Routing Number:

Repeat Bank Routing Number:

The routing number will ALWAYS be 9 digits long. If you are unsure of your routing or account number, call your bank.

Applicant's Account Number:

Repeat Account Number:

Credit cards are not accepted. Your bank information is transferred over a secure connection and is completely confidential.

BY CLICKING ON THE "FINISH" BUTTON, I AGREE TO THE TERMS AND CONDITIONS OF USING MY BANK ACCOUNT AS A PAYMENT METHOD, WHICH ARE LISTED BELOW, AND AUTHORIZE THE STATE OF IOWA TO DEBIT MY BANK ACCOUNT FOR THE LICENSING FEE LISTED ABOVE.
1 Bank Account Payments By choosing to use a bank account as your payment

Please print a copy of this page for your records before clicking the "FINISH" button.

[Print Notary Form](#)

[Finish](#)

If you are not taken to a confirmation screen after clicking on "Finish", please see the notes at the top of the applicant signature screen to find out why the application was not submitted.

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Dram Shop Liability Certificate of Insurance LC_V_77521, Foot Wedge Lounge, Sloan

Complete the information below and click **SUBMIT** to endorse this New application.

POLICY INFORMATION	
Reason for re-submittal:	
This is to certify: <i>Illinois Casualty Co</i>	
Policy Number:	LL104176
Assured:	Sloan Community Recreation Corp
DBA:	Foot Wedge Lounge
Address:	3212 Old Highway 75
Address Line 2:	
City:	Sloan <input type="text"/>
State:	Iowa <input type="text"/>
Zip:	51055
Policy Effective Date:	04/07/2018 MM/DD/YYYY
To: <input type="radio"/>	Expiration Date: 12/06/2018 MM/DD/YYYY
Thru: <input checked="" type="radio"/>	

CHECK LIST	
<input checked="" type="checkbox"/>	Outdoor Service Endorsement
<input checked="" type="checkbox"/>	Policy Information Verified (if incorrect please contact the licensee)
Does this policy contain an annual aggregate limit provision?	No <input type="text"/>
If Yes, Annual aggregate limit is:	Please Select <input type="text"/>

The above-mentioned policy of insurance (hereinafter policy) contains coverage to comply with the provisions of Iowa Code section 123.92 and all regulations of the Iowa Department of Commerce, Alcoholic Beverages Division.

The policy may be canceled by the Company of the Assured giving 30 days notice in writing to the Alcoholic Beverages Division at its office, Ankeny, Iowa. The 30 days notice will commence from the date notice is actually received by the division.

Whenever requested by the division, the company agrees to furnish to the division a duplicate original of the policy and all pertinent endorsements.

Signature: Date: 03/13/2018 MM/DD/YYYY

Submit

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Local Authority Endorsement LC_V_77521, Foot Wedge Lounge, Sloan

Complete the information below and click **SUBMIT** to endorse the New.

LICENSE INFORMATION

Local Authority: *County of Woodbury*

Daytime Phone for Local Authority:

License Approved
 License Denied

Reason For Denial:

Outdoor Service Area Approved
 Outdoor Service Area Denied

Effective Date:

CHECK LIST

Sketch on file
 Lease, Final Sales Contract or Warranty Deed on file
 Premise's address correct
 Notarized statement on file
 Premise zoned properly

Fire inspection completed: Yes No
 Health inspection completed Yes No
 Was a DCI background check run Yes No

Previous license number for this location:

Fee Amount: \$624.00
 Local Authority Share: \$260.00

E-MAIL

Please provide the local authority email address below. Once the application has been reviewed and approved, a copy of the license will be emailed to this address.

Local Authority E-mail Address

COMMENTS

Signature: Date: MM/DD/YYYY

Submit

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