PATRICK E GILL
Auditor/Recorder


Court House - Rooms 103 620 Douglas
Sioux City, Iowa 51101
Phone (712) 279-6702
Fax (712) 279-6629

## \#6a

To:
Board of Supervisors


From: Patrick F. Gill, Auditor \& Recorder
Date: February 26, 2019

Subject: Liquor License Application for the Anthon Golf Course, Anthon, lowa.

Please approve and receive for signature, an applicaton for a 12-month, Class C Liquor License (LC) (Commercial), with Outdoor Service and Sunday sales privileges, for the Anthon Golf Course, Anthon, lowa. The license would be effective 04/01/19 through 03/31/20.


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Contact Us
Iowa Alcoholic Beverages Division 1918 SE Hulsizer Road, Ankeny, (A 50021
Toll Free 866.1owaABD (866.469.2223) Local 515.281.7400

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${ }^{3}$ Applicant

* Ownership


## Criminal History LCOO37482, Anthon Golf Course, Anthon

* Criminal History
* Applicant Signature
r Local Endorse
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.

| No | $\checkmark$ |
| :---: | :--- |
|  | Have you ever been convicted of a felony offense in lowa or any other <br> state of the United States? If yes, list on the next (Violations) screen. |
| No | Have any of the owners listed in the ownership screen ever been charged, <br> arrested, indicted, convicted or received a deferred judgment for any <br> violation of any state, county, city, federal or foreign law? All information <br> shall be reported regardless of the disposition, even if dismissed or <br> expunged. Include pending charges. DO NOT include traffic violations, <br> except those that are alcohol related. If yes, list violations on the next <br> (Violations) screen. |
| None $V$ | If no arrests, indictments, summons or convictions are applicable select <br> "NONE". |

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## Applicant Signature LCOO37482, Anthon Golf Course, Anthon

Complete the information below and click Finish to complete the application Note that the license fees will only be withdrawn from accounts after the ABD approves the license.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

MMIDD/YYYY
Tentative effective date: 04/01/2020 MMIDDIYYYY
Licensees are required to submit a bi-annual report of shipment to lowa 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".

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.

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

> 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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E．MAIL
Please provide the local authority email address below．Once the application has been reviewed and approved，a copy of the ilcense will be emailed to this address．
Local Authority E－mail Address

Signature：$\square$ Date：$\square$ MMDD／YYYY

Reason for re－submittal： $\square$
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