

WOODBURY COUNTY BOARD OF SUPERVISORS AGENDA ITEM(S) REQUEST FORM

Date: 11/23/2020 Weekly Agenda Date: 12/01/2020

ELECTED OFFICIAL / DEPARTMENT HEAD / CITIZEN: County Auditor - Pat Gill

WORDING FOR AGENDA ITEM:

Consideration and approval for liquor license for Lofted View Events.

ACTION REQUIRED:

- Approve Ordinance
- Approve Resolution
- Approve Motion
- Public Hearing
- Other: Informational
- Attachments

EXECUTIVE SUMMARY:

n/a

BACKGROUND:

n/a

FINANCIAL IMPACT:

Unknown at this time

IF THERE IS A CONTRACT INVOLVED IN THE AGENDA ITEM, HAS THE CONTRACT BEEN SUBMITTED AT LEAST ONE WEEK PRIOR AND ANSWERED WITH A REVIEW BY THE COUNTY ATTORNEY'S OFFICE?

Yes No

RECOMMENDATION:

Approve Motion

ACTION REQUIRED / PROPOSED MOTION:

Motion to approve an application for an 12-month, Class C (LC) License (Commercial) with Outdoor Service & Sunday sales for the Lofted View Events, effective 12/5/2020 through 12/4/2021.

**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**

To: Board of Supervisors

From: Patrick F. Gill, Auditor & Recorder

Date: November 23, 2020

Subject: Liquor License Application for the Lofted View Events, Bronson, Iowa.

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 Lofted View Events, Bronson, Iowa. The license would be effective 12/05/20 through 12/04/21.



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Applicant LC0044968, Lofted View Events, Bronson

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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Iowa Alcoholic Beverages Division
1916 SE Hulsizer Road, Ankeny, IA 50021
Toll Free 866.IowaABD (866.469.2223)
Local 515.281.7400

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Ownership LC0044968, Lofted View Events, Bronson

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	
Heather Hennings	510 N. Pine St, Lawton, IA, 51030	100.00 %	View
Eric Hennings	510 N. Pine St., Lawton, IA, 51030	0.00 %	View

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First Name: Last Name:

Address:

Address Line 2:

City: State:

Zip:

Position: SS#: U.S. Citizen:

Date of Birth: % of Ownership:

Add

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

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Criminal History LC0044968, Lofted View Events, Bronson

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<input type="text" 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="text" 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="text" value="None"/> ▼	If no arrests, indictments, summons or convictions are applicable select "NONE".

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Applicant Signature LC0044968, Lofted View Events, Bronson

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".

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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Local Authority Endorsement LC0044968, Lofted View Events, Bronson

Complete the information below and click SUBMIT to endorse the Ownership.

LICENSE INFORMATION

Local Authority: County of Woodbury

Daytime Phone for Local Authority: (712) 279-6702

Ownership Update Approved

Ownership Update Denied Reason For Denial:

Effective Date: 12/05/2021 Expiration Date:

CHECK LIST

Privately held corporations, publicly traded corporations, and limited liability companies must submit a signed transfer of stock and minutes of corporate meetings.

Was a DCI background check run Yes No

Police Department Review Completed Yes No;

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

Reason for re-submittal:

Submit

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