

**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

#7b

To: Board of Supervisors

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

Date: April 17, 2020

Subject: Liquor License Application for the Anthon Golf Course, 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 Anthon Gold Course, Anthon, Iowa. The license would be effective 04/01/20 through 03/31/21.



State of Iowa
**ALCOHOLIC
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Applicant License LC0037482, Anthon Golf Course, Anthon

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: 03/24/2010 MM/DD/YYYY

Issue date of current license: MM/DD/YYYY

License effective date: 04/01/2020 MM/DD/YYYY

License expiration date: 03/31/2021 MM/DD/YYYY

Number of days notice: 0

70 day notice: 0

Cancel date: MM/DD/YYYY

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Privileges LC0037482, Anthon Golf Course, Anthon

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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](#)
- ☐ [Catering Privilege](#)
- ☐ [Class B Native Wine Permit](#)
- ☐ [Class B Wine Permit \(Carryout Wine - Includes Native Wine\)](#)
- ☐ [Living Quarters](#)
- ☒ [Outdoor Service](#)
- ☒ [Sunday Sales](#)

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[License](#)[Privileges](#)[Applicant](#)[Status Of Business](#)[Ownership](#)[Criminal History](#)[Premises](#)[General Premises](#)[Applicant Signature](#)[Dram Cert](#)[Local Endorse](#)[History](#)**Applicant LC0037482, Anthon Golf Course, Anthon**

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):

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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https://elicensing.iowaabd.com/Applicant.aspx

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Status of Business LC0037482, Anthon Golf Course, Anthon



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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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 | <input type="radio"/> Non-Profit Association |

Corporate ID
Number: 167412

Federal Employer
ID#: 42-1406936

Federal Employer ID Applied For: ☐

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Ownership LC0037482, Anthon Golf Course, Anthon

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.

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	
anthony collins	403 S. 1st Avenue, Anthon, IA, 51004	0.00 %	View
Joel Westphal	405 W. Main Street, Anthon, IA, 51004	0.00 %	View
Connie Westphal	405 W. Main Street, Anthon, IA, 51004	0.00 %	View

1

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Address:	<input type="text"/>		
Address Line 2:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text" value="Please Select"/>
Zip:	<input type="text"/>		
Position:	<input type="text"/>	SS#:	<input type="text"/>
Date of Birth:	<input type="text" value="MM/DD/YYYY"/>	% of Ownership:	<input type="text"/>
<input type="button" value="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 LC0037482, Anthon Golf Course, Anthon

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Since this license was last issued, has anyone listed in the ownership screen been convicted of a felony offense in Iowa or any other state of the United States? If yes, list on the next (Violations) screen.

Since the license was last issued, have any of the owners listed in the ownership screen 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.

If no arrests, indictments, summons or convictions are applicable since the license was last issued, select 'NONE'.

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Premises Information LC0037482, Anthon Golf Course, Anthon

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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Has the premises configuration changed since last year?

No ▼

Control of premises:

Own ☐

Lease ☐

Other ☒

explain: own building site lease golf course land

Premises type:

Golf Course ▼

Local Authority:

County ▼

License City:

Anthon ▼

City Population: 565

License County:

Woodbury

County Population: 102172

Dram Shop:

Illinois Casualty Co ▼

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General Premises Information LC0037482, Anthon Golf Course, Anthon

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: 2

of Floors: 1

Equipped with tables and seats

to accommodate a minimum of 25?

Yes

No

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

Yes

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

No

Is the capacity of your establishment over 200?

No

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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Applicant Signature LC0037482, 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.

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 account: \$ 936.00

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 ADDRESS CITY, STATE ZIP		0123 01-23456789
DATE		
PAY TO THE ORDER OF		\$ <input type="text"/>
BANK NAME ADDRESS CITY, STATE ZIP		DOLLARS
FOR		
⑆0123456789⑆	012345678901234	0123
Bank Routing Number	Bank Account Number	Check Number

Applicant's Bank Name:

Applicant's Bank Routing Number:	XXXXXXXXXXXXXXXXXXXX
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:	XXXXXXXXXXXXXXXXXXXX
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.

4. Bank Account Payments. By choosing to use a bank account as your payment method,

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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Dram Shop Liability Certificate of Insurance LC0037482, Anthon Golf Course, Anthon

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

POLICY INFORMATION

Reason for re-submittal:

This is to certify: *Illinois Casualty Co*

Policy Number: LL107729

Assured: Anthon Golf Club Inc.

DBA: Anthon Golf Course

Address: 2236 hwy 31 South

Address Line 2:

City: Anthon

State: Iowa

Zip: 51004

Policy Effective Date: 04/01/2020

MM/DD/YYYY

To: ☐

Thru: ☒

Expiration Date: 03/31/2021

MM/DD/YYYY

CHECK LIST

☒ Outdoor Service Endorsement

☒ Policy Information Verified (if incorrect please contact the licensee)

Does this policy contain an annual aggregate limit provision?

No

If Yes, Annual aggregate limit is:

Please Select

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: 04/17/2020

MM/DD/YYYY

Submit

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Local Authority Endorsement LC0037482, Anthon Golf Course, Anthon

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

LICENSE INFORMATION

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

☐ License Approved

☐ License Denied

☐ License Timely Filed

Reason For Denial:

Reason For Timely Filing:

☐ Outdoor Service Area Approved

☐ Outdoor Service Area Denied

Effective Date: 04/01/2020

Expiration Date: 03/31/2021

CHECK LIST

Fire inspection completed: Yes ☐ No ☐

Health inspection completed: Yes ☐ No ☐

Was a DCI background check run: Yes ☐ No ☐

Fee Amount: \$936.00
Local Authority Share: \$390.00

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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