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

Date:

April 17,2020

Subject:

Liquor License Application for the Anthon Golf Course, Iowa.

Please approve and receive for signature, an application 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.



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Applicant License	LC0037482, Antho	n 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

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License Status: Submitted to Local Authority

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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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.

User Profile

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					

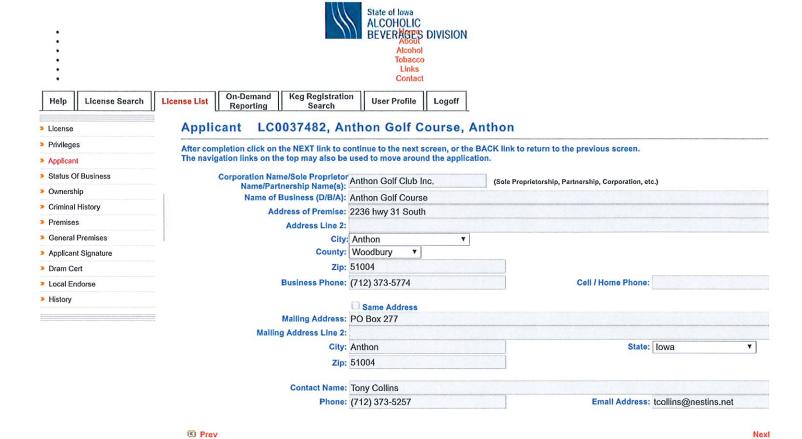
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License		Status Anthon		ess LC00374	482, Anth	on Golf	Course,
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Status O	f Business	The navigat	on links on th	e top may also be use	d to move arou	nd the applica	ition.
Ownersh	nip	18					
Criminal	History	The second secon		ss will be operated (C			
Premises	s		Proprietorship eral Partnershi			ded Corporati ility Company	1,11
General	Premises		ed Partnershi		Municipality		
Applican	t Signature	Priva	tely-Held Corp	ooration	Non-Profit A	ssociation	
Dram Ce	ert	Co	Number: 167	7440 Fede	eral Employer ID#:	1406026	
Local En	idorse		Number:	412	ID#: 42	-1400930	
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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.

Logoff

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:

On-Demand

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 **Last Name:** Name: Address: Address Line 2: State: Please Select ¥ City: Zip: SS#: U.S. Citizen: Please Select ▼ Position: Date of MM/DD/YYYY % of Ownership: Birth: Add

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

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No v Since this license was last issued, has anyone listed in the ownership screen been convicted of a felony offense in lowa 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.

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

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The navigation links on the top may also be used to move around the application.

Has the p	remises config	guration changed since last year?		
Control of premises: Own Lease				
Other	explain:	own building si	te lease golf course land	
Premises type: Local Authority:	Golf Course	Y	Y	
License City:		•	City Population: 565	
License County:	Woodbury		County Population: 102172	
Dram Shop:	Illinois Casua	Ity Co		7

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General Premises Information LC0037482, Anthon Golf Course, Anthon

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The navigation links on the top may also be used to move around the application.

# of Bathrooms:	2	
# of Floors:	1	
Equipped with tables and seats	2	
to accommodate a minimum of	Yes	▼
25?		

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?

User Profile

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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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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 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

MM/DD/YYYY

Date: 03/18/2020

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

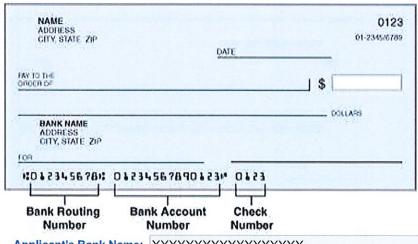
Licensees are required to submit a bi-annual report of shipment to lowa consumers due January 10th and July 10th for the previous six months of shipment. This report can be found on the "Action List" under "Complete a Tax Report".

Amount to be transferred from your \$ 936.00 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 lowa. 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.



Applicant's Bank Routing Number:	XXXXXXXXXXXXXXX
Repeat Bank Routing Number:	
The routing number will AL	WAYS be 9 digits long. If you are unsure of your routing or account number, call your bank.
Applicant's Account Number:	XXXXXXXXXXXXXXXX
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 Rank Account Payments Ry choosing to use a hank account as your nayment 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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Antho	on Golf Co	urse, Anthon			

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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 v		
State:	Iowa 🔻	Zip:	51004
Policy Effective Date:	04/01/2020 MM/DD/YYYY		
To: O Thru: ®	Expiration Date:	03/31/ MM/DD	

CHECK LIST	
✓ Outdoor Service Endorsement	
Policy Information Verified (if incorrect please contact the lice	ensee)
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

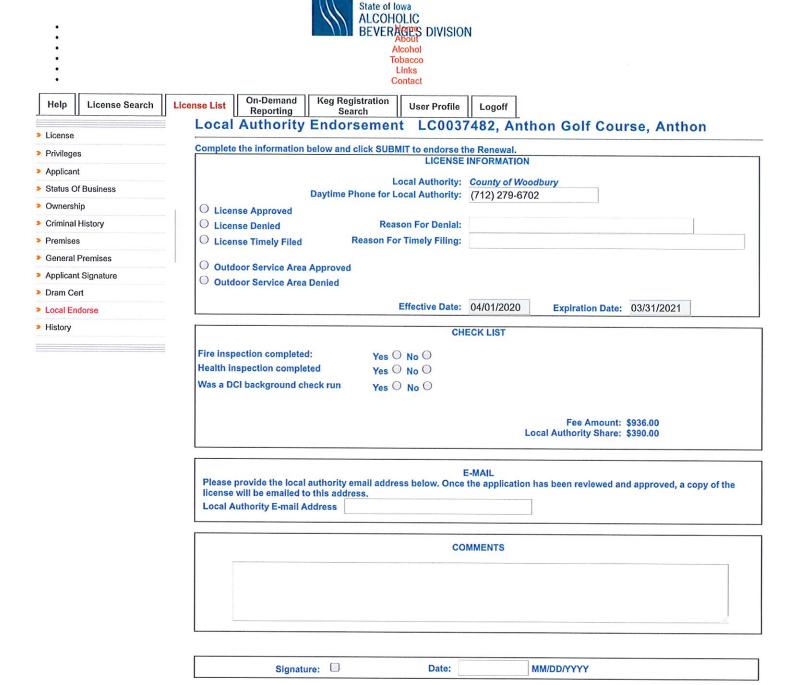
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