

License Application ()

Applicant

| | | | | | |
|--------------------------------|--------------------------------|----------------|-------------|-------------|--------------|
| Name of Applicant: | <u>City of Windsor Heights</u> | | | | |
| Name of Business (DBA): | <u>City of Windsor Heights</u> | | | | |
| Address of Premises: | <u>6900 School Street</u> | | | | |
| City: | <u>Windsor Heights</u> | County: | <u>Polk</u> | Zip: | <u>50324</u> |
| Business Phone: | <u>(515) 279-3662</u> | | | | |
| Mailing Address: | <u>1133 66th Street</u> | | | | |
| City: | <u>Windsor Heights</u> | State: | <u>IA</u> | Zip: | <u>50324</u> |

Contact Person

| | | | |
|---------------|-----------------------------|-----------------------|--|
| Name: | <u>Danielle Hockenberry</u> | | |
| Phone: | <u>(515) 279-3662</u> | Email Address: | |

Classification: Class B Beer (BB) (Includes Wine Coolers)

Term: 5 days

Effective Date: 10/04/2014

Expiration Date: 01/01/1900

Privileges:

Class B Beer (BB) (Includes Wine Coolers)
Outdoor Service

Status of Business

| | |
|-----------------------------|--|
| BusinessType: | <u>Municipality</u> |
| Corporate ID Number: | Federal Employer ID # <u>42-6004577</u> |

Ownership

Danielle Hockenberry

First Name: Danielle

Last Name: Hockenberry

City: Windsor Heights

State: Iowa

Zip: 50324

Position Administrative Assistant

% of Ownership 0.00 %

U.S. Citizen

Insurance Company Information

| | | | |
|--|--|---|-------------------|
| Insurance Company: | <u>Iowa Communities Assurance Pool</u> | | |
| Policy Effective Date: | <u>10/04/2014</u> | Policy Expiration Date: | <u>10/09/2014</u> |
| Bond Effective Continuously: | | Dram Cancel Date: | |
| Outdoor Service Effective Date: | | Outdoor Service Expiration Date: | |
| Temp Transfer Effective Date: | | Temp Transfer Expiration Date: | |