

License Application ()

Applicant

Name of Applicant:	<u>CCSM LLC</u>				
Name of Business (DBA):	<u>Front Row II</u>				
Address of Premises:	<u>6555 University</u>				
City:	<u>Windsor Heights</u>	County:	<u>Polk</u>	Zip:	<u>50311</u>
Business Phone:	<u>(515) 664-2595</u>				
Mailing Address:	<u>704 50th</u>				
City:	<u>West Des Moines</u>	State:	<u>IA</u>	Zip:	<u>50265</u>

Contact Person

Name:	<u>Clay Cook</u>				
Phone:	<u>(515) 664-2595</u>	Email Address:			

Classification: Class C Liquor License (LC) (Commercial)

Term: 12 months

Effective Date: 01/20/2015

Expiration Date: 01/01/1900

Privileges:

Class C Liquor License (LC) (Commercial)
Outdoor Service
Sunday Sales

Status of Business

BusinessType:	<u>Limited Liability Company</u>				
Corporate ID Number:	<u>491759</u>	Federal Employer ID #			

Ownership

Clay Cook

First Name: Clay

Last Name: Cook

City: West Des Moines

State: Iowa

Zip: 50265

Position member

% of Ownership 100.00 %

U.S. Citizen

Insurance Company Information

Insurance Company:	<u>Founders Insurance Company</u>		
Policy Effective Date:	<u>01/20/2015</u>	Policy Expiration Date:	<u>01/20/2016</u>
Bond Effective Continuously:		Dram Cancel Date:	
Outdoor Service Effective Date:		Outdoor Service Expiration Date:	
Temp Transfer Effective Date:		Temp Transfer Expiration Date:	