

**Applicant License Application ( )**

<b>Name of Applicant:</b> <u>Maple Vape LLC</u>		
<b>Name of Business (DBA):</b> <u>Maple Vape</u>		
<b>Address of Premises:</b> <u>6555 University</u>		
<b>City</b> <u>Windsor Heights</u>	<b>County:</b> <u>Polk</u>	<b>Zip:</b> <u>50311</u>
<b>Business</b>	<u>(515) 988-6773</u>	
<b>Mailing</b>	<u>6555 University</u>	
<b>City</b> <u>Windsor Heights</u>	<b>State</b> <u>IA</u>	<b>Zip:</b> <u>50311</u>

**Contact Person**

<b>Name</b> <u>Herb Garrison</u>
<b>Phone:</b> <u>(515) 988-6773</u> <b>Email</b>

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

**Term:** 12 months

**Effective Date:** 06/10/2015

**Expiration Date:** 01/01/1900

**Privileges:**

Class C Liquor License (LC) (Commercial)

Outdoor Service

Sunday Sales

**Status of Business**

<b>BusinessType:</b> <u>Limited Liability Company</u>
<b>Corporate ID Number:</b> <u>0</u> <b>Federal Employer ID</b> <u>46-4354467</u>

**Ownership**

**Herbert Garrison**

**First Name:** Herbert

**Last Name:** Garrison

**City:** Des Moines

**State:** Iowa

**Zip:** 50313

**Position:** member

**% of Ownership:** 100.00%

**U.S. Citizen:** Yes

**Insurance Company Information**

<b>Insurance Company:</b> <u>Founders Insurance Company</u>	
<b>Policy Effective Date:</b> <u>06/10/2015</u>	<b>Policy Expiration</b> <u>06/10/2016</u>
<b>Bond Effective</b>	<b>Dram Cancel Date:</b>
<b>Outdoor Service Effective</b>	<b>Outdoor Service Expiration</b>
<b>Temp Transfer Effective Date</b>	<b>Temp Transfer Expiration Date:</b>