

WOODBURY COUNTY BOARD OF SUPERVISORS AGENDA ITEM(S) REQUEST FORM

Date: 04-29-2019 Weekly Agenda Date: 05-07-2019

ELECTED OFFICIAL / DEPARTMENT HEAD / CITIZEN: County Auditor - Pat Gill

WORDING FOR AGENDA ITEM:

Consideration and approval for liquor license for White Horse Patrol Club

ACTION REQUIRED:

- Approve Ordinance
- Approve Resolution
- Approve Motion
- Public Hearing
- Other: Informational
- Attachments

EXECUTIVE SUMMARY:

n/a

BACKGROUND:

n/a

FINANCIAL IMPACT:

Unknown at this time

IF THERE IS A CONTRACT INVOLVED IN THE AGENDA ITEM, HAS THE CONTRACT BEEN SUBMITTED AT LEAST ONE WEEK PRIOR AND ANSWERED WITH A REVIEW BY THE COUNTY ATTORNEY'S OFFICE?

Yes No

RECOMMENDATION:

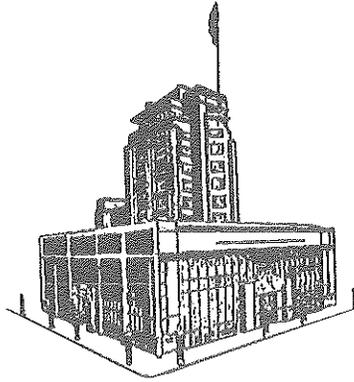
Approve Motion

ACTION REQUIRED / PROPOSED MOTION:

Motion to approve an application for a 12-month Class A Liquor License (LA) (Private Club) with Sunday Sales for the White Horse Patrol Club, effective 04/26/2019.

**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**

To: Board of Supervisors

From: Patrick F. Gill, Auditor & Recorder

MKS

Date: April 29, 2019

Subject: Liquor License Application for White Horse Patrol Club

Please approve and receive for signature, an applicaton for a 12-month, Class A Liquor License (LA) (Private Club), with Sunday sales privileges, for the White Horse Patrol Club, 1689 Old Hwy 141, Sergeant Bluff, Iowa. The license will be effective 04/26/18 through 04/25/19.



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Applicant License LA_V_85934, White Horse Patrol Club, Sergeant Bluff

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: MM/DD/YYYY

Issue date of current license: MM/DD/YYYY

License effective date: MM/DD/YYYY

License expiration date: MM/DD/YYYY

Number of days notice:

70 day notice:

Cancel date: MM/DD/YYYY

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Privileges LA_V_85934, White Horse Patrol Club, Sergeant Bluff

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Select one or more of the privileges you wish to have for your Class A Liquor License (LA) (Private Club). If no privileges are applicable please leave all boxes unchecked and hit the next button.

PRIVILEGES:	
<input type="checkbox"/>	Living Quarters
<input type="checkbox"/>	Outdoor Service
<input checked="" type="checkbox"/>	Sunday Sales

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Applicant LA_V_85934, White Horse Patrol Club, Sergeant Bluff

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Corporation Name/Sole Proprietor Name/Partnership Name(s): (Sole Proprietorship, Partnership, Corporation, etc.)

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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Status of Business LA_V_85934, White Horse Patrol Club, Sergeant Bluff



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	

Corporate ID Number: Federal Employer ID#:

Federal Employer ID Applied For:

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Ownership LA_V_85934, White Horse Patrol Club, Sergeant Bluff

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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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	
Scott Van Eldik	109 Burdick St, Salix, IA, 51052	0.00 %	View

1

First Name: Last Name:

Address:

Address Line 2:

City: State:

Zip:

Position: SS#: U.S. Citizen:

Date of Birth: MM/DD/YYYY % of Ownership:

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 LA_V_85934, White Horse Patrol Club, Sergeant Bluff

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<input type="text" value="No"/>	Have you ever been convicted of a felony offense in Iowa or any other state of the United States? If yes, list on the next (Violations) screen.
<input type="text" value="No"/>	Have any of the owners listed in the ownership screen ever 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.
<input type="text" value="None"/>	If no arrests, indictments, summons or convictions are applicable select "NONE".

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Premises Information LA_V_85934, White Horse Patrol Club, Sergeant Bluff

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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Control of premises:

Own

Lease

Other explain:

Submit a signed copy of the lease/rental agreement for the license period or signed final sales contract or warranty deed to your local authority.

Submit a sketch to the Local Authority on 8 1/2 x 11' white paper of the proposed premises showing all areas under the control or lease of the Applicant. Include all floors where alcoholic beverages will be sold, served, consumed and stored. Indicate all entrances and exits, location of bar, back bar, and bathrooms. Please provide a separate sketch for each floor. If Applicant has Outdoor Service Area Privilege, please include in the sketch it's relationship to the licensed premises.

Boat Applicants Only: Submit a sketch to the Local Authority on 8 1/2 x 11' white paper of the proposed premises showing all areas under the control or lease of the Applicant. Include all decks where alcoholic beverages will be sold, served, consumed and stored. Indicate all entrances and exits, location of bar, back bar, bathrooms and where licenses will be displayed. Please provide a separate sketch for each deck. A separate sketch is required for each boat.

Premises type:

Local Authority:

License City:

City Population: 4227

License County: Woodbury

County Population: 102172

Dram Shop:

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General Premises Information LA_V_85934, White Horse Patrol Club, Sergeant Bluff

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of Bathrooms:

of Floors:

Equipped with tables and seats to accommodate a minimum of 25?

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

Veterans Organizations: Is your lodge or fraternal organization chartered by the Congress of the United States and open only 1 day a week? If no, please answer remaining questions.

Class A Liquor License "Club" Applicants Only: Is your club a non-profit corporation or association of individuals who own, lease or occupy a permanent building whose members pay regular dues and is not operated for a profit other than such profits as would accrue to the entire membership?

If yes, how many dues paying members do you have?

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

Is the capacity of your establishment over 200?

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 LA V 85934, White Horse Patrol Club, Sergeant Bluff

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 \$ 624.00 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 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	\$
BANK NAME ADDRESS CITY, STATE, ZIP	COLLAPSE
FOR	
⑈0123456789⑈ 012345678901234 0123	

Bank Routing Number Bank Account Number Check Number

Applicant's Bank Name:

Applicant's Bank Routing Number:

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:

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 Bank Account Payments By choosing to use a bank account as your payment

Please print a copy of this page for your records before clicking the "FINISH" button.

[Print Notary Form](#) [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 LA_V_85934, White Horse Patrol Club, Sergeant Bluff

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

POLICY INFORMATION	
Reason for re-submittal:	
This is to certify: <i>Scottsdale Insurance Company</i>	
Policy Number:	CPS3062909
Assured:	White Horse Patrol Club
DBA:	White Horse Patrol Club
Address:	1689 Old Highway 141
Address Line 2:	
City:	Sergeant Bluff
State:	Iowa
Zip:	51007
Policy Effective Date:	04/26/2019 MM/DD/YYYY
To: <input checked="" type="radio"/>	Expiration Date: 04/26/2020
Thru: <input type="radio"/>	MM/DD/YYYY

CHECK LIST	
<input checked="" type="checkbox"/>	Outdoor Service Endorsement
<input checked="" type="checkbox"/>	Policy Information Verified (if incorrect please contact the licensee)
Does this policy contain an annual aggregate limit provision?	Yes
If Yes, Annual aggregate limit is:	\$251,000 - \$300,000

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: 04/26/2019 MM/DD/YYYY

Submit

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Local Authority Endorsement LA_V_85934, White Horse Patrol Club, Sergeant Bluff

Complete the information below and click SUBMIT to endorse the New.

LICENSE INFORMATION	
Local Authority:	County of Woodbury
Daytime Phone for Local Authority:	(712) 279-6702
<input type="radio"/> License Approved <input type="radio"/> License Denied	
Reason For Denial:	
Effective Date:	04/26/2019

CHECK LIST	
<input type="checkbox"/>	Sketch on file
<input type="checkbox"/>	Lease, Final Sales Contract or Warranty Deed on file
<input type="checkbox"/>	Premise's address correct
<input type="checkbox"/>	Notarized statement on file
<input type="checkbox"/>	Premise zoned properly
Fire inspection completed:	Yes <input type="radio"/> No <input type="radio"/>
Health inspection completed	Yes <input type="radio"/> No <input type="radio"/>
Was a DCI background check run	Yes <input type="radio"/> No <input type="radio"/>
Previous license number for this location:	
Fee Amount: \$624.00 Local Authority Share: \$280.00	

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: <input type="checkbox"/>	Date:		MM/DD/YYYY
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License History LA_V_85934, White Horse Patrol Club, Sergeant Bluff

[View All History](#)

License Number	DBA	Comment	Comment Date	Last Updated By
	White Horse Patrol Club	Status changed to Submitted to Local Authority. Dram Shop approved New	4/26/2019	Matt.Lynch
	White Horse Patrol Club	New Application signed.	4/26/2019	vaneldik

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