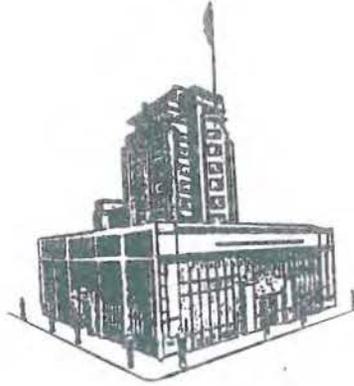


**Office Of The  
AUDITOR/RECORDER  
Of Woodbury County**

PATRICK F. GILL  
Auditor/Recorder



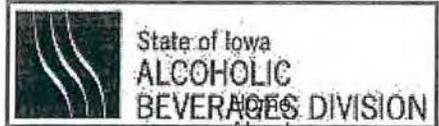
To: Board of Supervisors

From: Patrick F. Gill, Auditor & Recorder

Date: March 25, 2015

Subject: Liquor License Application for the Sloan Golf Course, Sloan, Iowa.

Please approve and receive for signature, an applicaton for a 6-month, Class C Liquor License (LC) (Commercial), with Outdoor Service and Sunday sales privileges, for the Sloan Golf, Sloan, Iowa. The license would be effective 05/20/15 through 11/19/16.



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## Applicant License LC\_V\_56976, Foot Wedge Lounge, Sloan

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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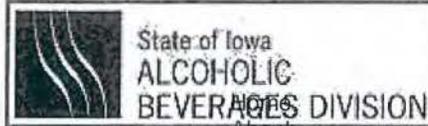


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Local 515.281.7400

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## Privileges **LC\_V\_56976, Foot Wedge Lounge, Sloan**

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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.

**PRIVILEGES:**

- Brew Pub
- Catering Privilege
- Class B Native Wine Permit
- Class B Wine Permit (Carryout Wine - Includes Native Wine)
- High Proof Brew Pub
- Living Quarters
- Outdoor Service
- Sunday Sales

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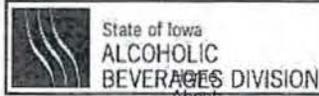


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### Applicant LC\_V\_56976, Foot Wedge Lounge, Sloan

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

Name of Business (D/B/A): Foot Wedge Lounge

Address of Premise: 3212 Old Highway 75

Address Line 2:

City: Sloan

County: Woodbury

Zip: 51055

Business Phone: (712) 251-6124 Cell / Home Phone: (712) 490-7034

Same Address

Mailing Address: PO Box 425

Mailing Address Line 2:

City: Sloan State: Iowa

Zip: 51055

Contact Name: Jake Goodin

Phone: (712) 490-7034 Email Address: jake.goodin@goodinins.com

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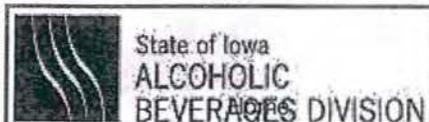


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## Status of Business LC\_V\_56976, Foot Wedge Lounge, Sloan

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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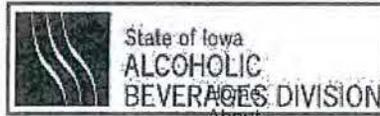


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## Ownership **LC\_V\_56976, Foot Wedge Lounge, Sloan**

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.

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	
Jacob Goodin	1369 220th St, Sergeant Bluff, IA, 51054	0.00 %	<a href="#">View</a>

1

First Name: <input type="text"/>		Last Name: <input type="text"/>	
Address: <input type="text"/>			
Address Line 2: <input type="text"/>			
City: <input type="text"/>		State: <input type="text" value="Please Select"/>	
Zip: <input type="text"/>			
Position: <input type="text"/>		SS#: <input type="text"/>	U.S. Citizen: <input type="text" value="Please Select"/>
Date of Birth: <input type="text" value="MM/DD/YYYY"/>		% of Ownership: <input type="text"/>	
<input type="button" value="Add"/>			

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

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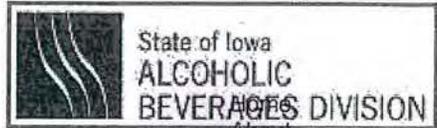


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## Criminal History LC\_V\_56976, Foot Wedge Lounge, Sloan

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.

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.
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.
None	If no arrests, indictments, summons or convictions are applicable select "NONE".

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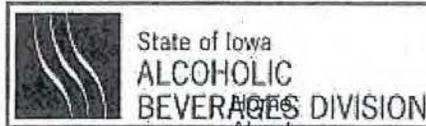


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## Premises Information LC\_V\_56976, Foot Wedge Lounge, Sloan

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.

**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:

License County:

City Population: 973  
 County Population: 102172

Dram Shop:

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## General Premises Information LC\_V\_56976, Foot Wedge Lounge, Sloan

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.

# 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?

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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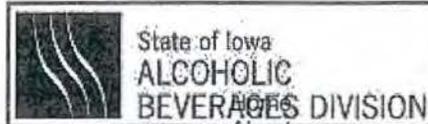
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## Applicant Signature LC\_V\_56976, Foot Wedge Lounge, Sloan

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

Amount to be transferred from your \$ 624.00 account:

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	<input type="text"/>
PAY TO THE ORDER OF	\$ <input type="text"/>
BANK NAME ADDRESS CITY, STATE ZIP	DOLLARS
FOR	<input type="text"/>
@0 234 56 78 @ 0 234 56 78 90 1 23 1 @ 0 1 2 3	

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 LC\_V\_56976, Foot Wedge Lounge, Sloan

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

POLICY INFORMATION	
Reason for re-submittal:	
This is to certify:	<i>Illinois Casualty Co</i>
Policy Number:	LL99491
Assured:	Sloan Community Recreation Corp
DBA:	Foot Wedge Lounge
Address:	3212 Old Highway 75
Address Line 2:	
City:	Sloan
State:	Iowa
Zip:	51055
Policy Effective Date:	03/31/2015 MM/DD/YYYY
To: <input type="radio"/>	Expiration Date: 11/29/2015
Thru: <input checked="" 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?	No
If Yes, Annual aggregate limit is:	\$500,000 +

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: 03/24/2015 MM/DD/YYYY

**Submit**

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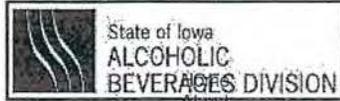


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License has been endorsed.

### Local Authority Endorsement LC\_V\_56976, Foot Wedge Lounge, Sloan

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

**LICENSE INFORMATION**

Local Authority:

Daytime Phone for Local Authority:

License Approved  
 License Denied Reason For Denial:

Outdoor Service Area Approved  
 Outdoor Service Area Denied

Effective Date:

**CHECK LIST**

Sketch on file  
 Lease, Final Sales Contract or Warranty Deed on file  
 Premise's address correct  
 Notarized statement on file  
 Premise zoned properly

Fire inspection completed: Yes  No   
 Health inspection completed: Yes  No   
 Was a DCI background check run: Yes  No

Previous license number for this location:

Fee Amount: \$624.00  
 Local Authority Share: \$260.00

**COMMENTS**

Signature:  Date:  MM/DD/YYYY

**Submit**

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