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

	WORDING FOR AGENDA ITEM:		- Michelle Skaff	_						
	Consideration and approva	I for liquor license for Lofted V	iew Events, Bronson, IA							
	ACTION REQUIRED:									
	Approve Ordinance □	Approve Resolution □	Approve Motion ☑							
	Public Hearing 🛚	Other: Informational	Attachments 🗹							
	EXECUTIVE SUMMARY:									
/a										
	BACKGROUND:									
/a										
_	FINANCIAL IMPACT:									
nk	nown at this time									
_		ED IN THE AGENDA ITEM, HAS THE CEVIEW BY THE COUNTY ATTORNEY'S	ONTRACT BEEN SUBMITTED AT LEAST ONE W	/EEK						
	Yes □ No ☑									
	RECOMMENDATION:									
pp	rove Motion									
										

Approved by Board of Supervisors April 5, 2016.

Office Of The AUDITOR/RECORDER Woodbury County Michelle K. Skaff, Ph.D. Auditor/Recorder/ Commissioner of Elections



Courthouse – Room 103 620 Douglas Sioux City, IA 51101

Phone: (712) 279-6702 Fax (712) 279-6629 miskaff@woodburycountyiowa.gov

To:

Board of Supervisors

From:

Michelle K Skaff, Auditor & Recorder

Date:

December 2, 2025

Subject:

Liquor License Application for the Lofted View Events, Bronson, Iowa.

Please approve and receive for signature, an application for a 12-month, Class C Retail Alcohol License (LC), with Outdoor Service for the Lofted View Events, Bronson, Iowa. The license would be effective 12/05/25 through 12/04/26.



License Administration







COUNTY OF WOODBURY

Alcohol Permit Review

COUNTY OF WOODBURY 1509377801

>

Permit Details

Business Information

Name of Legal Entity: Lofted View Events, L.L.C

Business Type: Limited Liability Company

SOS Business Number: 587430

Permit/License Details

License Number: LC0044968

Premises DBA: Lofted View Events

Premises Address:

Permit/License Type : Class "C" Retail Alcohol License (LC)

Permit/License Length: 12 months

Permit/License Effective Date : 05-Dec-2025

Permit/License Expiration Date : 04-Dec-2026

Sales and Use Permit/License Number:

Premise Type: Convention Center/Hall

Contact Name: Heather Hennings

Contact Phone: 712-870-1740

Contact Phone Extension : Contact Email Address : loftedviewevents@gmail.com							
Privileges							
Outdoor Service Li	ving Quarters	Catering					
Provided description of the Outdoor Service a	area:		!				
Premises Information	and the second second of the second second Sufficient management of the second						
Control of Premises	: Own						
Number of Floors	: 1						
Is your premises equipped with at least one adequate, conveniently located indoor or outdoor toilet facility for use by patrons?	: Yes						
Does your premises conform to all local and state health, fire and building laws and regulations?	: Yes						
Is your establishment equipped with tables and seats to accommodate a minimum of 25?	: Yes						
Owners							
Ownership Type Owner	Owner Address Da	ate of Birth US Citizen	Ownership Percenta				

15-May-1976

HENNINGS, ERIC

Individual

0.00

Ownership Type	Owner	Owner Address	Date of Birth	US Citizen	Ownership Per	rcenta
Individual	HENNINGS, HEATHER		28-Oct-1977	✓		100.
Dramshop	Information			-		
Dramshop Provider	•					
FOUNDERS IN:	SURANCE COMPA					
Since the license wa	story Details as last issued, has anyone		ership page beer	n charged or o	convicted of a	
telony offense in lo	wa or any other state of the	ie United States?				
any state, county, c related. Yes	ity, federal or foreign law?	For traffic violatio	ns, only include	those that are	e drug or alcoho	
Sketch of Premises				<u>.</u>		
			ti villa artikalasaan saanaan makalaskalasaa saa sa	Special and the second special		and the second s
		i 🗸 1				

Your online session will timeout after 30 minutes of inactivity. All unsaved information will be lost.