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

	Date: <u>3/12/25</u> Week	kly Agenda Date: 3/18/25							
	ELECTED OFFICIAL / DEPARTME WORDING FOR AGENDA ITEM:	NT HEAD / CITIZEN: County Auditor	- Michelle Skaff						
	Consideration and approval for liquor license for Scarecrow Farm, Lawton, Iowa ACTION REQUIRED:								
	Approve Ordinance □	Approve Resolution □	Approve Motion ☑						
	Public Hearing	Other: Informational	Attachments 🗹						
	EXECUTIVE SUMMARY:	· i.							
n/a									
	BACKGROUND:	· · · · · · · · · · · · · · · · · · ·		.					
n/a		·		}					
_	FINANCIAL IMPACT:	<u> </u>							
Unk	nown at this time								
	IF THERE IS A CONTRACT INVOLV PRIOR AND ANSWERED WITH A R	ED IN THE AGENDA ITEM, HAS THE CEVIEW BY THE COUNTY ATTORNEY'S	CONTRACT BEEN SUBMITTED AT LEAS OFFICE?	AST ONE WEEK					
	Yes □ No ☑ RECOMMENDATION:								
App	rove Motion								
	ACTION REQUIRED / PROPOSED N	MOTION:							
Moti privi	on to approve an application leges, for Scarecrow Farm, e	for a 12-month Class C Retail effective 06/01/25 through 05/3	Alcohol License, with Outdoor 1/26.	Service Sales					

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:

March 25, 2025

Subject:

Liquor License Application for the Scarecrow Farm, Lawton, Iowa.

Please approve and receive for signature, an application for a 12-month, Special Class C Retail Liquor License, with Outdoor Service privelages, for the Scarecrow Farm, Lawton, Iowa. The license would be effective 06/01/25 through 05/31/26.



Applicant

NAME OF LEGAL ENTITY

NAME OF BUSINESS(DBA)

BUSINESS

TODD SHUMANSKY

SCARECROW FARM

(712) 944-5644

ADDRESS OF PREMISES

PREMISES SUITE/APT NUMBER

CITY COUNTY

ZIP

1592 CHARLES AVE

LAWTON

WOODBURY

51030

MAILING ADDRESS

CITY

STATE

ZIP

1592 CHARLES AVE

LAWTON

Iowa

51030

Contact Person

NAME

PHONE

EMAIL

TODD SHUMANSKY

(712) 253-3463

toddshumansky@gmail.com

License Information

LICENSE NUMBER

LICENSE/PERMIT TYPE

License

TERM

STATUS

BW0097628

Special Class C Retail Alcohol

12 Month

Submitted to Local Authority

TENTATIVE EFFECTIVE DATE

TENTATIVE EXPIRATION DATE

LAST DAY OF BUSINESS

June 1, 2025

May 31, 2026

SUB-PERMITS

Special Class C Retail Alcohol License



State of lowa Alcoholic Beverages Division

PRIVILEGES

Outdoor Service

Status of Business

BUSINESS TYPE

Sole Proprietor

Ownership

Individual Owners

NAME	CITY	STATE	ZìP	POSITION	% OF OWNERSHIP	U.S. CITIZEN
TODD SHUMANSKY	SIOUX	lowa	511088007	owner	100.00	Yes

Insurance Company Information

POLICY EFFECTIVE DATE POLICY EXPIRATION DATE **INSURANCE COMPANY** June 1, 2026 June 1, 2025 Illinois Casualty Co **OUTDOOR SERVICE EXPIRATION OUTDOOR SERVICE EFFECTIVE** DRAM CANCEL DATE DATE DATE TEMP TRANSFER EXPIRATION TEMP TRANSFER EFFECTIVE BOND EFFECTIVE DATE DATE DATE