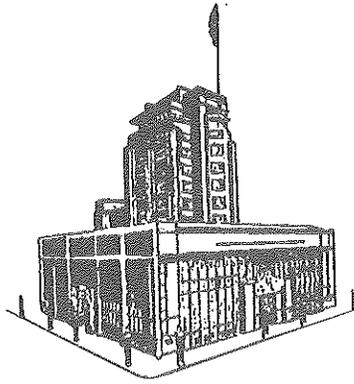


**Office Of The  
AUDITOR/RECORDER  
Of Woodbury County**

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

Date: April 23, 2019

Subject: Liquor License Application for the Oscar Carl Vineyard, Sioux City, Iowa.

Please approve an application for a 12-month Class B Beer (BB) permit with privileges of Class C Native Wine Permit (On-Premise Native Wine), Outdoor Service, and Sunday Sales for the Oscar Carl Vineyard, effective 05/01/2019.



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## Applicant License BB\_V\_85590, Oscar Carl Vineyard, Sioux City

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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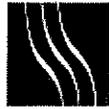


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## Privileges BB\_V\_85590, Oscar Carl Vineyard, Sioux City

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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Select one or more of the privileges you wish to have for your Class B Beer (BB) (Includes Wine Coolers). If no privileges are applicable please leave all boxes unchecked and hit the next button.

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**PRIVILEGES:**

- Brew Pub
- Class B Native Wine Permit
- Class C Native Wine Permit (On-Premise Native Wine)
- Living Quarters
- Outdoor Service
- Sunday Sales

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### Applicant BB\_V\_85590, Oscar Carl Vineyard, Sioux City

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Corporation Name/Sole Proprietor Name/Partnership Name(s): Room for More Enterprises, Inc. (Sole Proprietorship, Partnership, Corporation, etc.)

Name of Business (D/B/A): Oscar Carl Vineyard

Address of Premise: 1473 Buchanan Avenue

Address Line 2:

City: Sioux City

County: Woodbury

Zip: 51106

Business Phone: (712) 898-3400 Cell / Home Phone: (712) 251-9793

Same Address

Mailing Address: 1473 Buchanan Avenue

Mailing Address Line 2:

City: Sioux City State: Iowa

Zip: 51106

Contact Name: Melanie Olsen

Phone: (712) 251-9793 Email Address: Melanie.Olsen@OscarCarlVi

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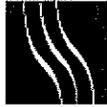


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## Status of Business **BB\_V\_85590, Oscar Carl Vineyard, Sioux City**

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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 BB\_V\_85590, Oscar Carl Vineyard, Sioux City

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	
Roy Olsen	1473 Buchanan Avenue, Sioux City, IA, 51106	50.00 %	View
Melanie Olsen	1473 Buchanan Avenue, Sioux City, IA, 51106	50.00 %	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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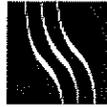


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## Criminal History BB\_V\_85590, Oscar Carl Vineyard, Sioux City

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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<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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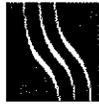


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## Premises Information **BB\_V\_85590, Oscar Carl Vineyard, Sioux City**

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:    
 License County:

City Population: 82684

County Population: 102172

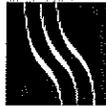
Dram Shop:

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## General Premises Information BB\_V\_85590, Oscar Carl Vineyard, Sioux City

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?

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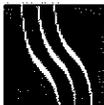


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## Applicant Signature BB\_V\_85590, Oscar Carl Vineyard, Sioux City

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 account: \$ 385.00

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	0123
ADDRESS	01-23456789
CITY, STATE, ZIP	
DATE	
PAY TO THE ORDER OF	\$
BANK NAME	COLLAPS
ADDRESS	
CITY, STATE, ZIP	
ICR	
⑆0123456789⑆ 01234567890123⑆ 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 method...

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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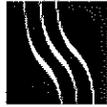


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## Applicant Signature BB\_V\_85590, Oscar Carl Vineyard, Sioux City

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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 account: \$ 385.00

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	0123
ADDRESS	01-23456789
CITY, STATE, ZIP	
DATE	
PAY TO THE ORDER OF	\$ <input type="text"/>
	DOLLARS
BANK NAME	
ADDRESS	
CITY, STATE, ZIP	
1099	
⑆012345678⑆ 01234567890123⑆ 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 method...

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### Dram Shop Liability Certificate of Insurance BB\_V\_85590, Oscar Carl Vineyard, Sioux City

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

POLICY INFORMATION	
<b>Reason for re-submittal:</b>	
<b>This is to certify:</b>	<i>Hastings Mutual Insurance Company</i>
<b>Policy Number:</b>	CPP 6170870
<b>Assured:</b>	Room for More Enterprises, Inc.
<b>DBA:</b>	Oscar Carl Vineyard
<b>Address:</b>	1473 Buchanan Avenue
<b>Address Line 2:</b>	
<b>City:</b>	Sioux City ▼
<b>State:</b>	Iowa ▼
<b>Zip:</b>	51106
<b>Policy Effective Date:</b>	05/01/2019 MM/DD/YYYY
<b>To:</b> <input checked="" type="radio"/>	<b>Expiration Date:</b> 05/01/2020 MM/DD/YYYY
<b>Thru:</b> <input type="radio"/>	

CHECK LIST	
<input checked="" type="checkbox"/>	Outdoor Service Endorsement
<input checked="" type="checkbox"/>	Policy Information Verified (if incorrect please contact the licensee)
<b>Does this policy contain an annual aggregate limit provision?</b>	Yes ▼
<b>If Yes, Annual aggregate limit is:</b>	\$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:** 04/18/2019 MM/DD/YYYY

**Submit**

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### Local Authority Endorsement BB\_V\_85590, Oscar Carl Vineyard, Sioux City

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- > Ownership
- > Criminal History
- > Premises
- > General Premises
- > Applicant Signature
- > Dram Cert
- > Local Endorse
- > History

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

**LICENSE INFORMATION**

Local Authority: *County of Woodbury*

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: \$385.00  
 Local Authority Share: \$300.00

**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:  Date:  MM/DD/YYYY

**Submit**

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#### Contact Us

Iowa Alcoholic Beverages Division  
 1918 SE Hulsizer Road, Ankeny, IA 50021  
 Toll Free 866.IowaABD (866.469.2223)  
 Local 515.281.7400

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- License Search
- License List
- On-Demand Reporting
- Keg Registration Search
- User Profile
- Logoff

## License History **BB\_V\_85590, Oscar Carl Vineyard, Sioux City**

[View All History](#)

- License
- Privileges
- Applicant
- Status Of Business
- Ownership
- Criminal History
- Premises
- General Premises
- Applicant Signature
- Dram Cert
- Local Endorse
- History

License Number	DBA	Comment	Comment Date	Last Updated By
	Oscar Carl Vineyard	Status changed to Submitted to Local Authority. Dram Shop approved New	4/18/2019	s.kornoelje
	Oscar Carl Vineyard	New Application signed.	4/15/2019	OscarCarl

1

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