

Item # 4C
Date: 9/9/24

BEER AND/OR LIQUOR RENEWAL CERTIFICATE OF INSPECTION

This application will be on the Sept 9, 2024 Council Agenda

Business Name Camelot Theater Foundation Phone Number _____

Address 1114 6th St

Manager's Name _____ Phone Number _____

Address _____

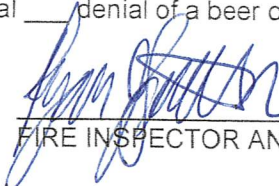
Owners Name _____ Phone Number _____

Address _____

I hereby certify that the premises where the above applicant intends to operate pursuant to a beer or liquor license has been inspected by the undersigned and that on the date of the inspection the premises (conforms/did not conform) to all applicable fire regulations of the City of Nevada and the State of Iowa.

The Fire Department recommends approval denial of a beer or liquor license to this business.

8/28/24
Date


FIRE INSPECTOR AND/OR BUILDING INSPECTOR

COMMENTS/OR REASONS IF DENIED: (Write on back or another sheet if needed)



State of Iowa

Alcoholic Beverages Division

Applicant

NAME OF LEGAL ENTITY	NAME OF BUSINESS(DBA)	BUSINESS		
CAMELOT THEATER FOUNDATION	Camelot Theater Foundation	(515) 231-2339		
ADDRESS OF PREMISES	PREMISES SUITE/APT NUMBER	CITY	COUNTY	ZIP
1114 6th Street		Nevada	Story	50201
MAILING ADDRESS	CITY	STATE	ZIP	
PO Box 44, 1114 6th Street	Nevada	Iowa	50201	

Contact Person

NAME	PHONE	EMAIL
Melissa K Sly	(515) 231-2339	camelottheaterfoundation@gmail.com

License Information

LICENSE NUMBER	LICENSE/PERMIT TYPE	TERM	STATUS
BW0097174	Special Class C Retail Alcohol License	12 Month	Submitted to Local Authority

TENTATIVE EFFECTIVE DATE	TENTATIVE EXPIRATION DATE	LAST DAY OF BUSINESS
Sep 28, 2024	Sep 27, 2025	

SUB-PERMITS

Special Class C Retail Alcohol License

PRIVILEGES

Camelot Theater Building Layout and Proposed Outdoor Service Area

