Item# 4D
Date: 10-14-24

BEER AND/OR LIQUOR RENEWAL CERTIFICATE OF INSPECTION

This application will be on the Ut 14, 2024	Council Agenda	
Name Sports Bowl	Phone Number	<u>.</u>
Address		
Manager's Name	Phone Number	_ <u>.</u> .
Address		
Owners Name	Phone Number	<u>:</u>
Address	~	
I hereby certify that the premises where the above liquor license has been inspected by the undersign (conforms/did not conform) to all applicable fire reg The Fire Department recommendsapproval	ed and that on the date of the inspection the julations of the City of Nevada and the State	e premises e of Iowa. business.
COMMENTS/OR REASONS IF DENIED: (Write or	n back or another sheet if needed)	



State of lowa Alcoholic Beverages Division

Applicant

NAME OF LEGAL ENTITY

NAME OF BUSINESS(DBA)

BUSINESS

DOYOUBOWL2, LC

Sports Bowl

(651) 775-1861

ADDRESS OF PREMISES

PREMISES SUITE/APT NUMBER

CITY

COUNTY

ZIP

1229 12th Street

Nevada

Story

50201

MAILING ADDRESS

CITY

STATE

ZIP

1229 12th Street

Nevada

Iowa

50201

Contact Person

NAME

PHONE

EMAIL

Scott Walkner

(763) 742-4899

scott@doyoubowl.com

License Information

LICENSE NUMBER

LICENSE/PERMIT TYPE

TERM

STATUS

LC0048934

Class C Retail Alcohol License

12 Month

Submitted to Local Authority

TENTATIVE EFFECTIVE DATE

TENTATIVE EXPIRATION DATE

LAST DAY OF BUSINESS

Oct 31, 2024

Oct 30, 2025

SUB-PERMITS

Class C Retail Alcohol License



State of lowa Alcoholic Beverages Division

BOND EFFECTIVE DATE

TEMP TRANSFER EFFECTIVE DATE

TEMP TRANSFER EXPIRATION DATE