Item# 4D
Date: 8 | 11 | 25

## BEER AND/OR LIQUOR RENEWAL CERTIFICATE OF INSPECTION

This application will be on the	Council Agenda
Business Chnelot Theater Foundation	Phone Number
Address [[14 ( th St	
Manager's Name	Phone Number
Address	<u> </u>
Owners Name	PhoneNumber
Address	
(conforms/did not conform) to all applicable fire regulat  The Fire Department recommendsapprovalc	denial of a beer or liquor license to this business.
8-6-25 Date FIRE	INSPECTOR AND/OR BUILDING INSPECTOR
COMMENTS/OR REASONS IF DENIED: (Write on back	
NO process - continuation o	f License



# State of lowa 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

lowa

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, 2025

Sep 27, 2026

SUB-PERMITS

Special Class C Retail Alcohol License

PRIVII FGFS



#### Status of Business

**BUSINESS TYPE** 

Nonprofit entity which has a principal office in the State of Iowa.

## **Ownership**

#### Individual Owners

NAME	CITY	STATE	ZIP	POSITION	% OF OWNERSHIP	U.S. CITIZEN
Melissa Sly	Nevada	lowa	50201	President, Board of Directors	0.00	Yes

#### Companies

COMPANY NAME	FEDERAL ID	CITY	STATE	ZIP	% OF OWNERSHIP
Camelot Theater Foundation	87-3169566	Nevada	lowa	50201	100.00

## **Insurance Company Information**

**INSURANCE COMPANY** 

POLICY EFFECTIVE DATE

POLICY EXPIRATION DATE

Farm Bureau Financial Services

Sep 28, 2025

Sep 28, 2026

DRAM CANCEL DATE

**OUTDOOR SERVICE EFFECTIVE** DATE

**OUTDOOR SERVICE EXPIRATION** 

DATE

BOND EFFECTIVE DATE

TEMP TRANSFER EFFECTIVE DATE

DATE

TEMP TRANSFER EXPIRATION

