

City of West Branch ~A Heritage for Success~

110 N. Poplar Street • PO Box 218 • West Branch, Iowa 52358
(319) 643-5888 • Fax (319) 643-2305 • www.westbranchiowa.org • city@westbranchiowa.org

SPECIAL CITY COUNCIL MEETING AGENDA

Friday, May 27, 2016 • 5:30 p.m.

City Council Chambers, 110 North Poplar Street

Action may be taken on any agenda item.

1. Call to order
2. Pledge of Allegiance
3. Roll call
4. Welcome
5. Approve Agenda/Consent Agenda/Move to action
6. Communications/Open Forum
 - a. Approve Class C Liquor license (LC) (Commercial) with Outdoor Service and Sunday Sales privileges for Cedars Edge Golf Course Inc. West Branch contingent upon successful completion of all application materials including a health/food inspection and fire inspection/Move to action.
7. Public Hearing/Non-Consent Agenda
8. City Staff Reports
9. Comments from Mayor and Council Members
10. Adjournment

Matt Muckler

From: Matt Muckler <matt@westbranchiowa.org>
Sent: Thursday, May 19, 2016 3:18 PM
To: 'tjsexton1215@hotmail.com'
Cc: 'Leslie Brick'; Mike Horihan; 'pauls@westbranchiowa.org'; Matt Goodale
Subject: Cedars Edge Golf Course Alcohol Permit
Attachments: 20160519150721669.pdf

Hi Tammy,

I spoke with Jerry this morning about your alcohol permit. We received notice of your application. Moving forward, I wanted to let you know how we normally process these applications.

You will have to pay your DRAM to an insurance company. There may be some other things that you will have to do for ABD that we are not familiar with. Then, the City will receive a notice that your application is ready for City Council approval.

To process the City portion of your application, we would ask that you submit the following items to Deputy City Clerk Leslie Brick at the City Office:

- 1) A copy of the sales contract or warranty deed. In this case, that might be a lease?
- 2) A sketch of the floor plan including the area where you will sell the alcohol.
- 3) A notarized statement (see attached).

For your health/food inspection, I believe that you will want to contact Mr. Courtney Thomas. Here is his contact information:

Courtney Thomas
Food Safety Specialist
Food & Consumer Safety Bureau
Iowa Department of Inspections and Appeals
(515) 802-2984
Thomas, Courtney [DIA] Courtney.Thomas@dia.iowa.gov

For your fire inspection, please contact Deputy City Clerk Leslie Brick. Leslie will coordinate that inspection with Zoning Administrator Paul Stagg and Building Inspector Terry Goerdts.

We are required to complete a background check on you and Jerry. It is a standard procedure. Obviously, no worries there. Chief Horihan will handle that.

If you have any other questions, please contact me. If we can get this all completed by June 6th, then the City Council could take a vote on your liquor permit at that meeting.

Thanks, Matt

Matt Muckler
City Administrator
City of West Branch
PO Box 218 110 N. Poplar St.
West Branch, IA 52358



State of Iowa
ALCOHOLIC
BEVERAGES DIVISION

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Dram Shop Liability Certificate of Insurance LC_V_66205, Cedars Edge Golf Course INC, West Branch

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

POLICY INFORMATION

Reason for re-submittal:

This is to certify: *Grinnell Mutual Group*

Policy Number: 0000782368

Assured: Cedars Edge Golf Course INC

DBA: Cedars Edge Golf Course INC

Address: 19 Greenview Lane

Address Line 2:

City:

State: **Zip:**

Policy Effective Date: **MM/DD/YYYY**

To: **Expiration Date:** **MM/DD/YYYY**

Thru:

CHECK LIST

Outdoor Service Endorsement

Policy Information Verified (if incorrect please contact the licensee)

Does this policy contain an annual aggregate limit provision?

If Yes, Annual aggregate limit is:

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:** **MM/DD/YYYY**

Submit

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