

MADISON COUNTY, IOWA
Liquor, Wine, and/or Beer Permit/License Application
(For unincorporated areas of Madison County)

For local authority's approval in unincorporated areas of this county you must contact the County Supervisor's Office at 462-3225 and request to be placed on their agenda for consideration of your application. The Supervisors are in session on Tuesdays. The deadline to be placed on the agenda is the Thursday before their Tuesday meeting.

PLEASE NOTE: In order to allow the Supervisors adequate time to review your application and supporting documents, you must provide the following information to the Board Office at least seven days prior to the date you are scheduled on the agenda.

At least seven days prior to your appointment with the Board submit three (3) copies of each of the following documents:

- This checklist
Your State application
Copy of State Certification of Articles of Incorporation
Certificate of Dram Shop Insurance
Sketch of the premises
Lease, final sales contract or warranty deed
D.C.I. Criminal History Record Check
Copy of Trade Name

Use this checklist when applying for your permit. Please check each line when completed.

This is a _____ application.
(new or renewal)
Date of the event for which application is submitted _____
Dates as listed on State's License Application - Effective date: _____ Expiration date: _____
I am a U.S. citizen and an Iowa resident, incorporated to do business in this state. The corporation must be registered and in good standing with the Iowa Secretary of State's Office.
I have not been convicted of a felony during the past five years.
I have not had any financial interest in an Iowa liquor, wine or beer license that was revoked during the past five years.
I have 'financial standing' and 'good reputation' which indicates that I will comply with all laws and rules governing the license.
I have a copy of trade name filing.
I have attached the Lease, Final Sales Contract or Warranty Deed for said premises.
The event address is: _____
The event location is zoned: commercial_____, agricultural_____, residential_____, or industrial_____.
The most recent fire inspection of the premises was completed _____. (Date)
The most recent health inspection of the premises was completed _____. (Date)
The attached DCI background check processed through local authorities within the last year at my expense and dated _____.

I have attached all requested information to this check list. Information provided is accurate and complete.

(Applicant's signature) (Applicant's address)
Phone Number _____
Date Submitted for Board review: _____

FOR OFFICE USE ONLY

All necessary documents have been provided to and reviewed by the Madison County Board of Supervisors.
Local Authority: _____, Chair
_____, Member
_____, Member
DATE: _____