AGENDA
SPECIAL MEETING OF THE AMES CITY COUNCIL
COUNCIL CHAMBERS - CITY HALL
OCTOBER 4, 2019

CALL TO ORDER: 11:00 a.m.

1. Motion approving new 12-month Class C Liquor License with Sunday Sales – El Maguey Mexican Restaurant Inc., 217 S Duff Avenue

COUNCIL COMMENTS:

DISPOSITION OF COMMUNICATIONS TO COUNCIL:

ADJOURNMENT:
**License Application**

<table>
<thead>
<tr>
<th><strong>Applicant</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Name of Applicant:</strong></td>
<td>El Maguey Mexican Restaurant Inc</td>
</tr>
<tr>
<td><strong>Name of Business (DBA):</strong></td>
<td>El Maguey Mexican Restaurant Inc</td>
</tr>
<tr>
<td><strong>Address of Premises:</strong></td>
<td>217 S Duff Ave</td>
</tr>
<tr>
<td><strong>City:</strong></td>
<td>Ames</td>
</tr>
<tr>
<td><strong>County:</strong></td>
<td>Story</td>
</tr>
<tr>
<td><strong>Zip:</strong></td>
<td>50010</td>
</tr>
<tr>
<td><strong>Business Phone:</strong></td>
<td>(515) 233-6696</td>
</tr>
<tr>
<td><strong>Mailing Address:</strong></td>
<td>217 S Duff Ave</td>
</tr>
<tr>
<td><strong>City:</strong></td>
<td>Ames</td>
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<tr>
<td><strong>State:</strong></td>
<td>IA</td>
</tr>
<tr>
<td><strong>Zip:</strong></td>
<td>50010</td>
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</tbody>
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**Contact Person**

| **Name** | Willy Almazan |
| **Phone:** | (515) 233-6696 |
| **Email** | heyalmazan@hotmail.com |

**Classification**

- **Business Type:** Privately Held Corporation
- **Corporate ID Number:** XXXXXXXX
- **Federal Employer ID:** XXXXXXXX

**Status of Business**

- **Business Type:** Privately Held Corporation
- **Corporate ID Number:** XXXXXXXX
- **Federal Employer ID:** XXXXXXXX

**Ownership**

- **First Name:** Willy
- **Last Name:** Almazan
- **City:** Newton
- **State:** Iowa
- **Zip:** 50208
- **Position:** Owner
- **% of Ownership:** 50.00%
- **U.S. Citizen:** Yes

**Insurance Company Information**

- **Insurance Company:** Integrity Insurance
- **Policy Effective Date:** 10/01/2019
- **Policy Expiration:** 10/01/2020
- **Bond Effective Date:**
- **Dram Cancel Date:**
- **Outdoor Service Effective:**
- **Outdoor Service Expiration:**
- **Temp Transfer Effective:**
- **Temp Transfer Expiration Date:**