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State of Iowa
ALCOHOLIC
BEVERAGES DIVISION

Applicant LC_V_86552, Big B's, Council Bluffs

After completion click on the NEXT link to continue to the next screen, or the BACK link to return to the previous screen.
The navigation links on the top may also be used to move around the application.

Corporation Name/Sole Proprietor Name/Partnership Name(s): Big B's LLC (Sole Proprietorship, Partnership, Corporation, etc.)
Name of Business (D/B/A): Big B's
Address of Premise: 28 S 29th Street
Address Line 2:
City: Council Bluffs
County: Pottawattamie
Zip: 51501
Business Phone: (712) 352-1088 **Cell / Home Phone:** (712) 355-0762

Same Address
Mailing Address: 28 S 29th Street
Mailing Address Line 2:
City: Council Bluffs **State:** Iowa
Zip: 51501

Contact Name: Jacob Stewart
Phone: (712) 355-0762 **Email Address:** dueces92@yahoo.com

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Applicant LC0044616, Caddy's Kitchen and Cocktails, Council Bluffs

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Corporation Name/Sole Proprietor Name/Partnership Name(s): AP Hospitality Inc (Sole Proprietorship, Partnership, Corporation, etc.)
Name of Business (D/B/A): Caddy's Kitchen and Cocktails
Address of Premise: 103 Broadway
Address Line 2:
City: Council Bluffs
County: Pottawattamie
Zip: 51503
Business Phone: (402) 305-1711 **Cell / Home Phone:**

Same Address
Mailing Address: 206 N Millard St
Mailing Address Line 2:
City: Council Bluffs **State:** Iowa
Zip: 51503

Contact Name: Brian Cadwallader
Phone: (402) 305-1711 **Email Address:** briancadwallader@gmail.com

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Outdoor Service Privilege LC0045123, The Dock Bar & Grill , Council Bluffs

After completion click on the NEXT link to continue to the next screen, or the BACK link to return to the previous screen. The navigation links on the top may also be used to move around the application.

An Outdoor Service Area is a designated area that is adjacent to the licensed premises. The Application is to be used only if adding Outdoor Service Area Privilege after the original license has been issued. If Outdoor Service Area Privilege is requested at license renewal, mark the appropriate box on the renewal Privileges screen.

After approval the Iowa Alcoholic Beverages Division, an amended license will be mailed to the Local Official.

Outdoor Service area dates (must fall within license period)

From: 07/19/2019 MM/DD/YYYY
To: 07/21/2019 MM/DD/YYYY

Submit to the Local Authority the Outdoor Service Area Dram Shop Endorsement. Endorsement dates must correspond with the requested outdoor service dates. (Accord certificates are not accepted).

Explain how the boundaries of the Outdoor Service Area are designated (fence, barricades, etc.)

Extending service to parking lot next to building. Area will be fenced in.

Submit a sketch to the Local Authority on 8 ½ x 11" white paper of the outdoor service area showing its relationship to the licensed premises. If a tapper wagon, beer truck etc. is being used, attach a copy of the rental receipt.

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Event dates 7.19-7.20

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Applicant LE0001210, Hy-Vee Drugstore, Council Bluffs

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Corporation Name/Sole Proprietor Name/Partnership Name(s): Hy-Vee, Inc (Sole Proprietorship, Partnership, Corporation, etc.)
Name of Business (D/B/A): Hy-Vee Drugstore
Address of Premise: 757 W Broadway
Address Line 2:
City: Council Bluffs
County: Pottawattamie
Zip: 51501
Business Phone: (712) 328-3277 **Cell / Home Phone:**

Same Address
Mailing Address: 5820 Westown Pkwy
Mailing Address Line 2:
City: Des Moines **State:** Iowa
Zip: 50266

Contact Name: Kelly Palmer
Phone: (515) 267-2949 **Email Address:** kpalmer@hy-vee.com

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Applicant LC0037943, The Olive Garden Italian Restaurant #1856, Council Bluffs

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The navigation links on the top may also be used to move around the application.

Corporation Name/Sole Proprietor Name/Partnership Name(s): GMRI, Inc. (Sole Proprietorship, Partnership, Corporation, etc.)
Name of Business (D/B/A): The Olive Garden Italian Restaurant #1856
Address of Premise: 3707 Denmark Drive
Address Line 2:
City: Council Bluffs
County: Pottawattamie
Zip: 51501
Business Phone: (712) 366-0688 **Cell / Home Phone:**

Same Address
Mailing Address: PO Box 695016
Mailing Address Line 2:
City: Orlando **State:** Florida
Zip: 32869-5016

Contact Name: Valerie Nieves
Phone: (407) 245-5393 **Email Address:** vnieves@darden.com

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Applicant BC0027517, Pilot Travel Center #329, Council Bluffs

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Corporation Name/Sole Proprietor Name/Partnership Name(s): Pilot Travel Centers, LLC (Sole Proprietorship, Partnership, Corporation, etc.)
Name of Business (D/B/A): Pilot Travel Center #329
Address of Premise: 2647 S 24th St
Address Line 2:
City: Council Bluffs
County: Pottawattamie
Zip: 51501
Business Phone: (712) 322-0088 **Cell / Home Phone:**

Same Address
Mailing Address: Pilot Travel Centers LLC
Mailing Address Line 2: PO Box 10146 Attn: Tax Dept.
City: Knoxville **State:** Tennessee
Zip: 37939

Contact Name: Kevin Crawford
Phone: (865) 588-7488 **Email Address:** Kevin.crawford@pilottravelcenter

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