LIQUOR LICENSE OR BEER PERMIT AGREEMENT

I, ________________________________, the undersigned have applied for, or am the holder of a liquor license, wine or beer permit at the property address, ________________________________, Des Moines, IA, whose business shall be named ________________________________.

The address is located in a ______ zoned district. I have confirmed that the location complies with the zoning regulations of the City for the predominant use as a:

____ Restaurant; and I agree that at least half (50%) of the gross receipts will be derived from the sale of prepared food and food-related services.

____ Food sales establishment, retail sales establishment or gas station/convenience store; and I agree that at least sixty percent (60%) of the gross receipts will be derived from the sale of merchandise other than tobacco, liquor, wine or beer.

____ Tobacco store; and I agree that the business shall be primarily engaged in the retail sale of tobacco and tobacco related products, with no more than 25% of the gross receipts from the sale of liquor, wine or beer.

I agree that the business will maintain business records through an accounting system which sufficiently and properly reflects all revenue received by type of revenue. The records must include all bills, receipts, invoices, cash register tapes, or other documentation maintained in the normal course of business. These may be maintained in an electronic format. Furthermore, I agree that the business will maintain all financial records for a minimum of three (3) years for potential audit purposes and that if I fail to do so the City may presume that I have not met the percentages required by this agreement and Code Section 134-954 of the Municipal Code of the City of Des Moines.

I understand that should the City’s Deputy Zoning Enforcement Officer make a determination that there is a failure to comply with this agreement or Section 134-954 of the Municipal Code of the City of Des Moines, my liquor license or beer permit may be subject to review by the City of Des Moines and may lead to the revocation of my license or permit.

July 2015
In order to verify that the business is in compliance I agree to submit, upon request, to the City of Des Moines, records compiled by an independent person and reviewed by a Certified Public Accountant licensed by the State of Iowa, consisting of:

1. A compilation of business records for the previous 6 months.
2. Should the compilation fail to provide sufficient proof that the business meets the requirements of Section 134-954 of the Municipal Code of the City of Des Moines, a limited scope audit may be requested, consisting of:
   a. Records compiled by an independent person and reviewed by a Certified Public Accountant licensed by the State of Iowa, consisting of:
      i) Transferring tape register receipt data into software capable of producing reports that delineate revenue by category in order to specifically identify the amount and percentages of sales of tobacco and tobacco related products; of liquor, wine and beer; and, of non-alcohol and non-tobacco products; and,
      ii) Reconciled bank statements and regular financial statements.
   b. A Certified Public Accountant licensed by the State of Iowa shall certify the percent of gross revenues associated with the sale of tobacco products, and of liquor, wine and beer as a percent of total revenues.
3. If the limited scope audit fails to provide sufficient proof of meeting the requirements of the Section 134-954 of the Municipal Code of the City of Des Moines, a full audit prepared by a Certified Public Accountant licensed by the State of Iowa will be required.
4. The undersigned acknowledges and agrees that the compilation of business records, limited scope audit or full audit, as described herein, shall be completed at the undersigned licensee’s or permittee’s sole expense.
5. The undersigned further acknowledges and agrees that the decision to require from the undersigned, records; in the form of either a compilation, limited scope audit or full audit, the timing of the decision and the determination as to the sufficiency of such documentation is at the sole and exclusive discretion of the City’s Deputy Zoning Enforcement Officer, subject to appeal to the Zoning Board of Adjustment.

I understand that audits may be required throughout this or any future license or permit year.

Licensee or Permitee, signature          Printed name

Date

SIGNED AND SUBSCRIBED TO before me this ___ day of _____________, 20__

Notary Public

Please return this form to: The City Clerk’s Office, 400 Robert D. Ray Dr, Des Moines, IA 50309.