



**CITY OF LEE'S SUMMIT**  
**LIQUOR LICENSE**  
**CHANGE IN MANAGING OFFICER**

Business Name: Hy-vee Phone: 515-267-2949

Business Address: 301 NE Rice Rd. 310 SW Ward<sup>rd.</sup> Lee's Summit, MO  
920 NE Langford Rd. 1201 SW 3<sup>rd</sup> St.

Applicant's Name: RODNEY L DOLPH Phone \_\_\_\_\_

Home Address: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Employment (other than business): Hy-vee

Employment Address: \_\_\_\_\_ Phone: \_\_\_\_\_

1. List all previous addresses, if less than five years at current address:

\_\_\_\_\_  
\_\_\_\_\_

2. Are you a citizen of the United States of America? yes If naturalized, give date and place of naturalization: \_\_\_\_\_

\_\_\_\_\_

3. Will you be the person in active control and/or management (managing officer) of this business full-time? no If not, give complete details on the planned management and persons involved. \_\_\_\_\_

Store directors

4. Have you thereon ever been convicted of a felony? no If so, please give complete details: \_\_\_\_\_

County of Jackson)

ss

State of Missouri)

I, Rodney L. Dolph, being of lawful age and duly sworn upon my oath, (Print Applicant's Name) do swear that the answers and information given in this application are true and complete to the best of my knowledge and belief.

[Signature]  
Applicant's Signature

Subscribed and sworn to before me this 16 day of MAY, 2019

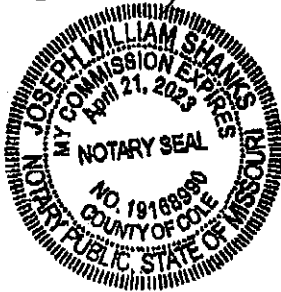
[Signature]  
Notary Public

My commission expires: April 21, 2023

**For Office Use Only:**

It is recommended this application be APPROVED / DISAPPROVED this 28th day of May, 2019.

[Signature]  
Director of Liquor Control



April 18, 2019

City of Lee's Summit  
PO Box 1600  
Lee's Summit, MO 64063-6700

To whom it may concern:

Rodney Dolph will be taking over the managing officer responsibilities for:

Hy-Vee Gas #2  
Hy-Vee West  
Hy-Vee Gas #1  
Hy-Vee East

The current managing officer will be dismissed of their duties.

Sincerely,

Jeff Pierce  
Assistant Treasurer, Financial Reporting