

To be completed by applicant as (check one):

Sole Owner & Operator

Corporation

Partnership

LLC

Corporation/LLC Name: Hy-Vee, Inc.

Business Name: Hy-Vee West

Phone: 816-551-2200

Business Address: 310 SW Ward Rd

Lee's Summit, MO 64081

(I), (We), the undersigned, hereby apply to the City of Lee's Summit, MO, for the following described license:  
Type 63 ES for the premises described above.

Applicant's Name: Douglas Mezger

Phone: \_\_\_\_\_

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

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

Place of Employment (other than business): Hy-Vee, Inc.

Employment Address: 5820 Westown Parkway

Phone: \_\_\_\_\_

West Des Moines, IA 50266

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? \_\_\_\_\_ If not, give complete details on the planned management and persons involved.

Managing officer over all Hy-Vee liquor licenses in Missouri.  
State Director of Springfield, MO Hy-Vee.

4. Have you or any person employed by you ever held any type of liquor license issued by the City of Lee's Summit or by the licensing authority of any state, county or city? \_\_\_\_\_ If so, please give details: Hy-Vee has several liquor licenses in multiple states

\_\_\_\_\_

5. Has any such license listed in question #4 ever been suspended or revoked? \_\_\_\_\_ If so, please give complete details: see attached list of violations

\_\_\_\_\_

6. Have you ever made application for a liquor license that was denied by the City of Lee's Summit or by the licensing authority of any state, county or city? NO If so, please give complete details: \_\_\_\_\_

7. Have you or anyone interested either directly or indirectly in the premises to be licensed hereunder or the operation thereon ever been convicted of a felony? NO If so, please give complete details: \_\_\_\_\_

8. If not a corporation/LLC, give names and business addresses of employers for the past five years. (If self-employed, state nature of business and location.): \_\_\_\_\_

9. Is the proposed location within ~~300~~ feet of a church or school? \_\_\_\_\_

10. If existing business, from whom and when was the business purchased? \_\_\_\_\_

Effective date of possession: \_\_\_\_\_ Name of mortgage holder, if any: \_\_\_\_\_

11. Will any distiller, wholesaler, wine maker, brewer, or supplier, or coin operated, commercial, manual or mechanical amusement devices or the employees, officers or agents thereof, have any financial interest in the retail business of the applicant for the sale of alcoholic beverages, or "C.O.L.", and will the applicant directly or indirectly borrow or accept from any such persons equipment, money, credit, or property of any kind except ordinary commercial credit for liquor sold? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

12. Will applicant either directly or indirectly borrow or accept from any person identified in #11 either equipment, money, credit or property of any kind except ordinary commercial credit for liquor sold? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

13. Will you at all times permit the entry of any officer or investigator who may have legal supervisory authority for the purpose of inspection or search; and will you permit the removal of all things and articles which may be in violation of the ordinances of Lee's Summit, Missouri, and the laws of the

State of Missouri; and do you promise and agree not to violate any of the ordinances of Lee's Summit, Missouri, the laws of the State of Missouri, or the United States in the conduct of the business for which the license is sought? Yes

**IF BUSINESS IS OWNED BY A CORPORATION, COMPLETE THIS SECTION:**

Name of corporation/LLC: \_\_\_\_\_

State in which incorporated: \_\_\_\_\_ Date of incorporation: \_\_\_\_\_

If not a Missouri corporation/LLC, date authorized to do business in Missouri: \_\_\_\_\_

Full name, complete residential address, date of birth and Social Security Number of the President, Vice President, Treasurer and Secretary of the corporation (or Members of the LLC): \_\_\_\_\_

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

If stock is not publicly held, give names and residential addresses of all stockholders who hold 10% or more of the capital stock: \_\_\_\_\_

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

County of Jackson)

ss

State of Missouri)

I, Douglas Mezger, 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 11<sup>th</sup> day of May, 2018

[Signature]  
Notary Public

My commission expires: Feb 9, 2019

**KRISTINA MARIE LADNER**  
Notary Public - Notary Seal  
STATE OF MISSOURI  
Comm. Number 15633311  
Greene County  
My Commission Expires: Feb. 9, 2019

**To Be Provided By Applicant:**

**1) The Applicant and/or Managing Officer (if different) shall provide:**

- a) Recent photograph;
- b) Copy of Missouri voter registration card;
- c) Copy of paid Missouri personal property tax receipt for year immediately preceding date of application
- d) Fingerprints (obtained at the Lee's Summit Police Department, Main Lobby, 10 NE Tudor Rd., Lee's Summit, MO). The Applicant and/or Managing Officer (if different) will be fingerprinted as will all officers, directors and any shareholder holding more than a ten percent (10%) interest in the business.

2) Copy of Business License (contact Treasury Department at 816-969-1139).

3) Copy of Zoning Approval (contact Planning & Development at 816-969-1600).

4) If existing business location:

- a) Copy of lease or mortgage showing Proof of Occupancy.
- b) Recent photographs of the interior and exterior of the premises to be licensed.

5) For newly constructed or remodeled businesses:

- a) Certificate of Occupancy Permit shall be obtained prior to the actual issuance of a city liquor license (contact Codes Administration at 816-969-1200).
- b) Complete description of the plans, specifications, and fixtures of the proposed place of business.

6) Package Liquor Only: Inventory Affidavit, notarized by the applicant, stating the type of business presently engaged in, or in conjunction with, which the license shall be used; AND stating that in his place of business the applicant has, and at all times keeps, a stock of goods having an invoice of at least \$1,000, exclusive of fixtures and intoxicating liquors.


7) Appropriate license fee: Make checks and money orders payable to the City of Lee's Summit. <sup>\$</sup> 35<sup>00</sup>

8) Estimated date of opening? N/A

**For Office Use Only:**

It is recommended this application be APPROVED / DISAPPROVED this 17<sup>th</sup> day of

May, 2018.

  
\_\_\_\_\_  
Director of Liquor Control

City Council Action:  Approved  Disapproved Date: \_\_\_\_\_

To be completed by applicant as (check one):

Sole Owner & Operator

Corporation

Partnership

LLC

Corporation/LLC Name: Hy-Vee, Inc.

Business Name: Hy-Vee Gas #1

Phone: 816-554-0358

Business Address: 920 E Langford Rd

Lee's Summit, MO 64080

(I), (We), the undersigned, hereby apply to the City of Lee's Summit, MO, for the following described license:  
Type H & S for the premises described above.

Applicant's Name: Douglas Mezger

Phone: \_\_\_\_\_

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

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

Place of Employment (other than business): Hy-Vee, Inc.

Employment Address: 5820 Westown Parkway

Phone: \_\_\_\_\_

West Des Moines IA 50206

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? \_\_\_\_\_ If not, give complete details on the planned management and persons involved.  
Managing officer over all Hy-Vee liquor licenses in Missouri.  
State Director of Springfield, MO Hy-Vee.

4. Have you or any person employed by you ever held any type of liquor license issued by the City of Lee's Summit or by the licensing authority of any state, county or city? \_\_\_\_\_ If so, please give details: Hy-Vee has several liquor licenses in multiple states

5. Has any such license listed in question #4 ever been suspended or revoked? \_\_\_\_\_ If so, please give complete details: See attached list of violations

6. Have you ever made application for a liquor license that was denied by the City of Lee's Summit or by the licensing authority of any state, county or city? NO If so, please give complete details: \_\_\_\_\_

7. Have you or anyone interested either directly or indirectly in the premises to be licensed hereunder or the operation thereon ever been convicted of a felony? NO If so, please give complete details: \_\_\_\_\_

8. If not a corporation/LLC, give names and business addresses of employers for the past five years. (If self-employed, state nature of business and location.): \_\_\_\_\_

9. Is the proposed location within ~~300~~ feet of a church or school? \_\_\_\_\_

10. If existing business, from whom and when was the business purchased? \_\_\_\_\_

Effective date of possession: \_\_\_\_\_ Name of mortgage holder, if any: \_\_\_\_\_

11. Will any distiller, wholesaler, wine maker, brewer, or supplier, or coin operated, commercial, manual or mechanical amusement devices or the employees, officers or agents thereof, have any financial interest in the retail business of the applicant for the sale of alcoholic beverages, or "C.O.L.", and will the applicant directly or indirectly borrow or accept from any such persons equipment, money, credit, or property of any kind except ordinary commercial credit for liquor sold? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

12. Will applicant either directly or indirectly borrow or accept from any person identified in #11 either equipment, money, credit or property of any kind except ordinary commercial credit for liquor sold? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

13. Will you at all times permit the entry of any officer or investigator who may have legal supervisory authority for the purpose of inspection or search; and will you permit the removal of all things and articles which may be in violation of the ordinances of Lee's Summit, Missouri, and the laws of the

State of Missouri; and do you promise and agree not to violate any of the ordinances of Lee's Summit, Missouri, the laws of the State of Missouri, or the United States in the conduct of the business for which the license is sought? Yes

**IF BUSINESS IS OWNED BY A CORPORATION, COMPLETE THIS SECTION:**

Name of corporation/LLC: \_\_\_\_\_

State in which incorporated: \_\_\_\_\_ Date of incorporation: \_\_\_\_\_

If not a Missouri corporation/LLC, date authorized to do business in Missouri: \_\_\_\_\_

Full name, complete residential address, date of birth, and Social Security Number of the President, Vice President, Treasurer and Secretary of the corporation (or Members of the LLC): \_\_\_\_\_

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

If stock is not publicly held, give names and residential addresses of all stockholders who hold 10% or more of the capital stock: \_\_\_\_\_

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

County of Jackson)

ss

State of Missouri)

I, Douglas Mezger, 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 11<sup>th</sup> day of May, 2018

[Signature]  
Notary Public

My commission expires: Feb 9, 2019

KRISTINA MARIE LADNER  
Notary Public - Notary Seal  
STATE OF MISSOURI  
Comm. Number 15633311  
Greene County  
My Commission Expires: Feb. 9, 2019

**To Be Provided By Applicant:**

**1) The Applicant and/or Managing Officer (if different) shall provide:**

- a) Recent photograph;
- b) Copy of Missouri voter registration card;
- c) Copy of paid Missouri personal property tax receipt for year immediately preceding date of application
- d) Fingerprints (obtained at the Lee's Summit Police Department, Main Lobby, 10 NE Tudor Rd., Lee's Summit, MO). The Applicant and/or Managing Officer (if different) will be fingerprinted as will all officers, directors and any shareholder holding more than a ten percent (10%) interest in the business.

2) Copy of Business License (contact Treasury Department at 816-969-1139).

3) Copy of Zoning Approval (contact Planning & Development at 816-969-1600).

**4) If existing business location:**

- a) Copy of lease or mortgage showing Proof of Occupancy.
- b) Recent photographs of the interior and exterior of the premises to be licensed.

**5) For newly constructed or remodeled businesses:**

a) Certificate of Occupancy Permit shall be obtained prior to the actual issuance of a city liquor license (contact Codes Administration at 816-969-1200).

b) Complete description of the plans, specifications, and fixtures of the proposed place of business.

6) **Package Liquor Only:** Inventory Affidavit, notarized by the applicant, stating the type of business presently engaged in, or in conjunction with, which the license shall be used; AND stating that in his place of business the applicant has, and at all times keeps, a stock of goods having an invoice of at least \$1,000, exclusive of fixtures and intoxicating liquors.

7) **Appropriate license fee:** Make checks and money orders payable to the City of Lee's Summit. **\$ 35<sup>00</sup>**

8) **Estimated date of opening?** N/A

**For Office Use Only:**

It is recommended this application be APPROVED / DISAPPROVED this 17<sup>th</sup> day of

May, 2018.

  
\_\_\_\_\_  
Director of Liquor Control

City Council Action:  Approved  Disapproved Date: \_\_\_\_\_



To be completed by applicant as (check one):

Sole Owner & Operator

Corporation

Partnership

LLC

Corporation/LLC Name: Hy-Vee, Inc.

Business Name: Hy-Vee East

Phone: 816-524-5760

Business Address: 301 NE Rice Rd

Lee's Summit, MO 64086

(I), (We), the undersigned, hereby apply to the City of Lee's Summit, MO, for the following described license:  
Type B3FS for the premises described above.

Applicant's Name: Douglas Mezger

Phone: \_\_\_\_\_

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

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

Place of Employment (other than business): Hy-Vee, Inc.

Employment Address: 5820 Westown Parkway

Phone: \_\_\_\_\_

West Des Moines, IA 50266

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? \_\_\_\_\_ If not, give complete details on the planned management and persons involved.

Managing officer over all Hy-Vee liquor licenses in Missouri.

Store Director of Springfield, MO Hy-Vee.

4. Have you or any person employed by you ever held any type of liquor license issued by the City of Lee's Summit or by the licensing authority of any state, county or city? \_\_\_\_\_ If so, please give details: Hy-vee has several liquor licenses in multiple states

\_\_\_\_\_

\_\_\_\_\_

5. Has any such license listed in question #4 ever been suspended or revoked? \_\_\_\_\_ If so, please give complete details: see attached list of violations

\_\_\_\_\_

6. Have you ever made application for a liquor license that was denied by the City of Lee's Summit or by the licensing authority of any state, county or city? NO If so, please give complete details: \_\_\_\_\_  
\_\_\_\_\_
7. Have you or anyone interested either directly or indirectly in the premises to be licensed hereunder or the operation thereon ever been convicted of a felony? NO If so, please give complete details: \_\_\_\_\_  
\_\_\_\_\_
8. If not a corporation/LLC, give names and business addresses of employers for the past five years. (If self-employed, state nature of business and location.): \_\_\_\_\_  
\_\_\_\_\_
9. Is the proposed location within ~~300~~ feet of a church or school? \_\_\_\_\_
10. If existing business, from whom and when was the business purchased? \_\_\_\_\_  
\_\_\_\_\_
- Effective date of possession: \_\_\_\_\_ Name of mortgage holder, if any: \_\_\_\_\_
11. Will any distiller, wholesaler, wine maker, brewer, or supplier, or coin operated, commercial, manual or mechanical amusement devices or the employees, officers or agents thereof, have any financial interest in the retail business of the applicant for the sale of alcoholic beverages, or "C.O.L.", and will the applicant directly or indirectly borrow or accept from any such persons equipment, money, credit, or property of any kind except ordinary commercial credit for liquor sold? \_\_\_\_\_ If so, please explain: \_\_\_\_\_  
\_\_\_\_\_
12. Will applicant either directly or indirectly borrow or accept from any person identified in #11 either equipment, money, credit or property of any kind except ordinary commercial credit for liquor sold? \_\_\_\_\_ If so, please explain: \_\_\_\_\_  
\_\_\_\_\_
13. Will you at all times permit the entry of any officer or investigator who may have legal supervisory authority for the purpose of inspection or search; and will you permit the removal of all things and articles which may be in violation of the ordinances of Lee's Summit, Missouri, and the laws of the

State of Missouri; and do you promise and agree not to violate any of the ordinances of Lee's Summit, Missouri, the laws of the State of Missouri, or the United States in the conduct of the business for which the license is sought? Yes

**IF BUSINESS IS OWNED BY A CORPORATION, COMPLETE THIS SECTION:**

Name of corporation/LLC: \_\_\_\_\_

State in which incorporated: \_\_\_\_\_ Date of incorporation: \_\_\_\_\_

If not a Missouri corporation/LLC, date authorized to do business in Missouri: \_\_\_\_\_

Full name, complete residential address, date of birth and Social Security Number of the President, Vice President, Treasurer and Secretary of the corporation (or Members of the LLC): \_\_\_\_\_

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

*on file*

If stock is not publicly held, give names and residential addresses of all stockholders who hold 10% or more of the capital stock: \_\_\_\_\_

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

County of Jackson)

ss

State of Missouri)

I, Douglas Mezger, 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 11<sup>th</sup> day of May, 2018

*Kristina Marie Ladner*  
Notary Public

My commission expires: Feb 9, 2019

**KRISTINA MARIE LADNER**  
Notary Public - Notary Seal  
STATE OF MISSOURI  
Comm. Number 15633311  
Greene County  
My Commission Expires: Feb. 9, 2019

**To Be Provided By Applicant:**

**1) The Applicant and/or Managing Officer (if different) shall provide:**

- a) Recent photograph;
- b) Copy of Missouri voter registration card;
- c) Copy of paid Missouri personal property tax receipt for year immediately preceding date of application
- d) Fingerprints (obtained at the Lee's Summit Police Department, Main Lobby, 10 NE Tudor Rd., Lee's Summit, MO). The Applicant and/or Managing Officer (if different) will be fingerprinted as will all officers, directors and any shareholder holding more than a ten percent (10%) interest in the business.

2) **Copy of Business License** (contact Treasury Department at 816-969-1139).

3) **Copy of Zoning Approval** (contact Planning & Development at 816-969-1600).

4) **If existing business location:**

- a) Copy of lease or mortgage showing Proof of Occupancy.
- b) Recent photographs of the interior and exterior of the premises to be licensed.

5) **For newly constructed or remodeled businesses:**

- a) Certificate of Occupancy Permit shall be obtained prior to the actual issuance of a city liquor license (contact Codes Administration at 816-969-1200).
- b) Complete description of the plans, specifications, and fixtures of the proposed place of business.


6) **Package Liquor Only:** Inventory Affidavit, notarized by the applicant, stating the type of business presently engaged in, or in conjunction with, which the license shall be used; **AND** stating that in his place of business the applicant has, and at all times keeps, a stock of goods having an invoice of at least \$1,000, exclusive of fixtures and intoxicating liquors.

7) **Appropriate license fee:** Make checks and money orders payable to the City of Lee's Summit. <sup>\$</sup>35.00

8) **Estimated date of opening?** N/A

**For Office Use Only:**

It is recommended this application be APPROVED / DISAPPROVED this 17<sup>th</sup> day of May, 2018.

  
\_\_\_\_\_  
Director of Liquor Control

City Council Action:  Approved  Disapproved Date: \_\_\_\_\_

To be completed by applicant as (check one):

Sole Owner & Operator

Corporation

Partnership

LLC

Corporation/LLC Name: Hy-Vee, Inc.

Business Name: Hy-Vee Gas #2

Phone: 816-524-5156

Business Address: 1201 SW 3<sup>rd</sup> St.

Lee's Summit, MO 64081

(I), (We), the undersigned, hereby apply to the City of Lee's Summit, MO, for the following described license:  
Type H & S for the premises described above.

Applicant's Name: Douglas Mezger

Phone: \_\_\_\_\_

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

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

Place of Employment (other than business): Hy-Vee, Inc.

Employment Address: 5820 Westown Parkway

Phone: \_\_\_\_\_

West Des Moines, IA 50266

1. List all previous addresses, if less than five years at current address: \_\_\_\_\_  
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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? \_\_\_\_\_ If not, give complete details on the planned management and persons involved.

Managing officer over all Hy-Vee liquor licenses in Missouri.  
Store Director of Springfield, MO Hy-Vee.

4. Have you or any person employed by you ever held any type of liquor license issued by the City of Lee's Summit or by the licensing authority of any state, county or city? \_\_\_\_\_ If so, please give details: Hy-Vee has several liquor licenses in multiple states

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7. Have you or anyone interested either directly or indirectly in the premises to be licensed hereunder or the operation thereon ever been convicted of a felony? NO If so, please give complete details: \_\_\_\_\_

8. If not a corporation/LLC, give names and business addresses of employers for the past five years. (If self-employed, state nature of business and location.): \_\_\_\_\_

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State of Missouri; and do you promise and agree not to violate any of the ordinances of Lee's Summit, Missouri, the laws of the State of Missouri, or the United States in the conduct of the business for which the license is sought? Yes

**IF BUSINESS IS OWNED BY A CORPORATION, COMPLETE THIS SECTION:**

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Full name, complete residential address, date of birth, and Social Security Number of the President, Vice President, Treasurer and Secretary of the corporation (or Members of the LLC): \_\_\_\_\_

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

If stock is not publicly held, give names and residential addresses of all stockholders who hold 10% or more of the capital stock: \_\_\_\_\_

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

County of Jackson)

ss

State of Missouri)

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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 11<sup>th</sup> day of May 2018

[Signature]  
Notary Public

My commission expires: Feb 9, 2019

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Notary Public - Notary Seal,  
STATE OF MISSOURI  
Comm. Number 15633311  
Greene County  
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3) Copy of Zoning Approval (contact Planning & Development at 816-969-1600).

**4) If existing business location:**

- a) Copy of lease or mortgage showing Proof of Occupancy.
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7) **Appropriate license fee:** Make checks and money orders payable to the City of Lee's Summit. 35<sup>00</sup>

8) **Estimated date of opening?** N/A

**For Office Use Only:**

It is recommended this application be APPROVED / DISAPPROVED this 17<sup>th</sup> day of

May, 2018

  
\_\_\_\_\_  
Director of Liquor Control

City Council Action:  Approved  Disapproved Date: \_\_\_\_\_