



**APPLICATION FOR LIQUOR LICENSE  
TYPE "S" - SUNDAY RETAIL (\$300)**

**The following is to be completed by the owner or managing officer:**

Sole Owner & Operator  Corporation  Partnership

Applicant's Name: Jeff Edwards \_\_\_\_\_

Business Name: Smoke Brewing Company, LLC \_\_\_\_\_ Phone: 816-525-2337

Business Address: 209 S. E. Main (P.O. Box 58) \_\_\_\_\_ Lee's Summit, MO 64063

I, the undersigned, hereby make application to the City of Lee's Summit, Missouri, for a Type "S" liquor license in accordance with Chapter 4, "Alcoholic Beverages" Ordinance of the City of Lee's Summit, Missouri.

County of Jackson)

SS

State of Missouri)

I, (please print) Jeff Edwards Glenn Jeffrey Edwards being of lawful age and duly sworn upon my oath, 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 29<sup>th</sup> day of May 2018  
My commission expires: \_\_\_\_\_

**KATHY HUSTON**  
Notary Public - Notary Seal  
State of Missouri, Cass County  
Commission # 09416145  
My Commission Expires March 29, 2021

[Signature]  
Notary Public

It is recommended this application be APPROVED / DISAPPROVED this 30<sup>th</sup> day of May, 2017.

[Signature]  
Director of Liquor Control